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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the haspital or otherding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral affection	should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within 7 meur and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, ar other traumatic event, the medical examiner must be natified of a	-

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

1	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
1	litte	OR PRINT)	Josep	h	Α.	Æ	lcker	10/17/	84	1004	1 A M
	3. SEX			4 RACE		S. DATE C		6. AGE IN YEARS US		MONTHS DAYS	
		Male		Whi		12	and the same of the same	85	YRS.		
5	7e 81	76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNT U.S.A.				8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT	MORE		ITY MD.
5	10 CI	Baltimore 11. Name of Hospital, Nursi (IF NOT IN SUCH FACILITY GIVE SIREF Good Samarit					or other institution spital	TYPE OF WORK FOR MORE Ret. Ba	ST OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR
5	13e. S	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 6. STATE 13b. COUNTY 13c. CITY OR TON Baltimo			/N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRES	ss / ZIP CODE entland	d Drive	21234	
0	14. FA	THER'S NAME John		MIDDLE	Acker		IS. MOTHER'S MAIDEN NA Catheri			Zinkhä	ind
	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUI							ET WIL	DRESS MC	-	
		No			213-10-2	2867	Dorothy M.	Meyd 1509	Hills		21014 XIMATE INTERVAL LONSET AND DEATH
	CERTIFICATION	part 2. OTHER SIG	ing the e lost GNIFICANT ((c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	20b. IF YE	VEN IN PART I	
1	TIFIC							YES NO		FYING CAUSE ES	S OF DEATH?
		216. ACCIDENT WAS UP	lue lue	110110 4	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART ?)	
	MEDICAL	(IF EITHER, NOTIFY MEE	DICAL EXAMINE	р Р	.м.	19					
	MED	WHILE IN NOT W			OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY C	RTOWN	COUNTY	STATE
			ORK	4-1\ -444-d	t	7/	78	- 10	47.	10 84	, that (1) (we) last
		226.1 certify that (saw the decea above, (1) (we)	sed alive on	101	19	14.	nd that in (my) (our) apinion	death accurred on th	e date and ha	ur and from the	
		22b. SIGNATU	an	Me	rett	_	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c DAT	E SIGNED
		274. PHYSICULAR N	AME TYPE OF	R PRINT)	ER		7600	Orler	hi	vc 2	1204
		BURIAL, CREMATION (SPECIFY) Buri		23b. DATE Oct: 20			emetery or crematory oly Redeemer		imore		laryland
		uneral director beonard J.	Ruck	, Inc.	Baltimor	e, Ma	ryland 250. DA	TE REC'D. BY REGISTI	AR 256 REGIS	DAR'SISIGNA	Ashdelle

\$\ \tag{14\gamma\} \tag{14\gam acute demonstrate surprise single of the test in the 16/17 16 78 10/1 54 Here Charles The Cites him 2009 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or offending physicia

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and carbondables to use as the burial-transit permit. Then please remove carbondapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGHENE FOR

2 6

- STATE REGISTRAR				CERTII	FICATE OF D	EATH	REG	G. NO.	THE REAL PROPERTY.		
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEAT	H MONTH	DAY YEAR	2h. HOU	JR
, and an individually	Charl	es Jo	seph	Acke	rman SA	20	October	11,	1984	8:2	7 PA
3. SEX		4 RACE		5. DATE			6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY		R 24 HRS
Male		Whis	te	~8	" 10	178	66	YF	RS.	HOURS	MIN.
To BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D DE EVER M	APPIED	9. BALTIMORE CI	Y OR COU	NTY OF DEATH		
Maryland		u.s	.A.	WIDOW		ORCED	Balt	imore	City		WE
IO CITY OF TOWN OF	DEATH	(IF NOT IN SU	HOSPITAL, NURS	ET ADDRESS)			12a USUAL OCCU			OF BUSINE	SSOR
Baltimor		Maryl	and Gen	eral	Hospita	1	Retired	[Mea	t Pack	er
USUAL RESIDENCE (IF 130. STATE Maryland	13b. COU		130. CITY OR TO	WN	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRI	ss / zip c	Street	21224	4
4. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S						
John		#	ckerman		Mai	tilda	MIDO	LE	(ri	d d	
60 WAS DECEASED		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	VT .	Al	DDRESS			
(YES. NO OR UNKNOW!	" 1	war or dates)	215-09-	-53/4	Aones	M. Acl	kerman 372	28 Hud	son St.	21224	1
Conditions, if gave rise to cause (a), sunderlying c	immediate stating the	(b)	R AS A CONSEO	UENCE OF							
PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN PART	Ita	
190 DATE OF OP	PERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	TN CE	FYES, WERE FINE RTIFYING CAUS YES		TH?
00.00.00.00.00.00.00		21b, TIME C	F INJURY	DAY YEAD	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	A TB PART I OR PART 2	2)	
OR CONTRIBUTING	MEDICAL EXAMINE	NIH.	M.	19							
(IF EITHER, NOTIFY 21d. INJURY OCH WHILE AT WORK	CURRED		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATIO STREET	И	CITY	OR FOWN	COUNTY	5	STATE
220.1 certify the	at (X (this hasp ceased alive an ve)(did)(d XX	october I) view the bady	e deceased from	Octob 84	nd that in (n X) (DEGREE		death occurred an I	ne date and	haur and fram t	_, that (bg() he causes sta	we) las
	611	an /	1oun	e in	P		MEDICAL DIRECTOR PH	YSICIAN	10	1/21	194
22d. PHYSICIAN	SNAME (TYPE C	OR PRINT)	Toune	mo.	27e ADDRESS		aryland G	eners	al Hosp	Light	1
30. BURIAL, CREMATI	ON, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY		LATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Holy Redeemen 24 FUNERAL DIRECTOR
Charles S. Zeiler & Son Inc. 7901 S. Conkling St

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he funeral director, page 3 within 72 hours ofter death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HY OTENE

					REG. NO.	
{TYI	PECEASED NAME FIRST	MID	DIE	AST A A	1	DAY YEAR 26 HOUR
	PEOR PRINT) RACH	EL	ACK	MAN	10.	284 5P
		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE.	WHITE		EMBER 13,1913	71 YRS	
o. (BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF W	HAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	RUSSIA	U.S			BALTIMORE	CITY MI
0	CITY OR TOWN OF DEATH		SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS) A	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b, KIND OF BUSINESS OF
۲	SALTIMOKE P	ROVIDE	INT HOSPIT	AL BALTIMORE	NONE	NONE
	UAL RESIDENCE (IF NURSING HOME OR OTI STATE 13b. COUNTY		VE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
	MARYLAND		BALTIMORE	YESXX NO [130 STREET ADDRESS / ZIP CODE 120 N. COLLING	TON AVE. 21231
F	FATHER'S NAME	DIE	TAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	TART
	JACOB		AKMAN	FANNY		WIENER
a.	WAS DECEASED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	XEXX NO (IF YES, GIVE W	AR OR DATES	219-05-1672		· ·	
	18 CAUSE OF DEATH (Enter only	one couse per lir	e for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED E	BY:	- ADDIA	ADDECT	ASYSTOLE	
	IMMEDIATE	CAUSE (o)	ARVINE	MINES	19401610	
		DUE TO, OR	S A CONSEQUENCE OF			
	Conditions, if ony, which	(6)	SEPSIS			
	gove rise to immediate					
	couse (o), stoting the underlying couse lost.	DUE TO, OR	SA CONSEQUENCE OF	IVMOHORY	TIE LYMPHON	114
	DANK O CIVEN SIGNAL	(c)	JITTOSC			
Z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO DEATH BUT	NOT KELATED TO THE TERM	nal disease or condition giv	EN IN PART ITO
2			ON FOR WHICH OPERATIO	NIAMAS DE PEODAJED	200 AUTOPSY? 20b IF YES	
	IN DATE OF OPERATION	110h CONDITI				WERE FINDINGS LISED
5	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
STITE ST					YES NO YE	YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF			IN CERTIF	YING CAUSES OF DEATH?
		21b. TIME OF	NJURY	21c. HOW INJURY OCCURR	YES NO YE	YING CAUSES OF DEATH? S NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF	NJURY MONTH DAY YEAR 19		YES NO YE	YING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTHER WEDICAL EXAMINER)	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF	njury Month day year 19	21c. HOW INJURY OCCURR	YES NO YE	YING CAUSES OF DEATH? S NO ART LOR PART 2)
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE	NJURY MONTH DAY YEAR 19 INJURY , FACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR	YES NO YE	YING CAUSES OF DEATH? S NO ART LOR PART ?) COUNTY STATE
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE ALWORK ALWORK 22a.1 certify that (1) (this hospital sow the deceased alive on	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE)	NJURY MONTH DAY YEAR 19 INJURY LFACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	YES NO YE	YING CAUSES OF DEATH? S NO ART LOR PART 2) COUNTY STATE
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE)	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth.	21c. HOW INJURY OCCURR 21f. LOCATION STREET	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN	YING CAUSES OF DEATH? S NO ART LOR PART 2) COUNTY STATE
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IF MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not) in the contribution of	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE)	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth.	216. HOW INJURY OCCURR 216. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18, P CITY OR TOWN , to	YING CAUSES OF DEATH? S NO ART LOR PART 2) COUNTY STATE 19 At that (II (we) los r and from the couses stated
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not) of the control of the c	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE) attended the common the body of	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth.	21t. HOW INJURY OCCURR 21f. LOCATION STREET 2 19 9 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN 10 2 2 4	YING CAUSES OF DEATH? S NO ART LOR PART 2) COUNTY STATE 19 At that (II (we) lose of rond from the couses stated
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IF MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not) in the contribution of	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE) attended the Community of the body of the b	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth.	216. HOW INJURY OCCURR 216. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN TO DO	YING CAUSES OF DEATH? S NO ART I OR PART 2) COUNTY STATE 19 4 , that (II (we) lose or ond from the couses stated) 120. DATE SIGNED 10 - 2 - 84
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK ALWORK 22a.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not) of the control of the c	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE) attended the Community of the body of the b	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth.	21t. HOW INJURY OCCURR 21f. LOCATION STREET 2 19 9 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	YES NO IN CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18, P CITY OR TOWN , to	YING CAUSES OF DEATH? S NO ART I OR PART 2) COUNTY STATE 19 4 , that (II (we) lose road from the couses stated) 120. DATE SIGNED 10 - 2 - 84
MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE ALWORK ALWORK 22a. Certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not) with the control of the	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE) attended the Community of the body of the b	NJURY MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth. Ami	21t. HOW INJURY OCCURR 21f. LOCATION STREET 2 19 9 nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	VES NO NO NO CERTIFY YE ED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN STAFF OTY HEIGHT A 1734 LOCATION	YING CAUSES OF DEATH? S NO ART LOR PART 2] COUNTY STATE 19 SY, that (II (we) lose of the couses stated of the
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IF MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) on the deceased of the contribution of the contribution of the deceased of the contribution of the contribu	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET) 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET) AT HOME, STREET AT HOME OF THE HOUR A.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	NJURY MONTH DAY YEAR 19 INJURY L. FACTORY, OFFICE, FARM, ETC.) deceosed from ter deoth. 23c. NAME OF C	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 84 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS 2600 LiBEA	VES NO IN CERTIFYEE ED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN 10 D D D Leoth occurred on the dote and hou MEDICAL STAFF DIRECTOR PHYSICIAN STAFF OTY HEIGHT A	YING CAUSES OF DEATH? S NO ART I OR PART 2) COUNTY STATE 19 4 , that (II (we) lose or ond from the couses stated) 120. DATE SIGNED 10 - 2 - 84

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
OCT 5 1984 wha Davidson-Handale

ENTER COMMERCIAL SECTION OF THE SECT TERM M ATTER SADDIET HOST and of the first of the first of the first

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

anter death

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
I. DECEASED NAME FIRST		MIDDIE		AST		MONTH DAY YE	AR 2b HOUR
(TYPE OR PRINT)	sther	Ac	dair		October 19	. 1984	6:10 PM
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	
Female	Blac	2k	4	20 - 1902	82	YRS.	DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEAT	TH .
South Carolina	u.s	S.A.	WIDOWE		Balt.	imore City	MD
10. CITY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KI	ND OF BUSINESS OR
Baltimore		land Gener		ospital	(TIPE OF WORK FOR MOST	W WORKING THE THOOGS	JIK!
USUAL RESIDENCE (IF NURSING HOMI 130, STATE Maryland		GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimon	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1826 Sara		1227
14 FATHER'S NAME JULIUS Davis	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST	WE		LAST
160 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS	
(YES, NO OR UNKNOWN) (# YES,	GIVE WAR OR DATES			Milton Harri	s 743 Leni	nox Ave.	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, C	Asysto DR AS A CONSEQUE Hypotes DR AS A CONSEQUE	ole ence of nsion ence of	NOT RELATED TO THE TERM	MINAL DISEASE OR CON		PPROXIMATE INTERVAL WEEN ONSEL AND DEATH
Cec	al Carcin		ODEDATIO	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FI	INDINGS LISED
DATE OF OPERATION				IN WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?
TO 190 DATE OF OPERATION 100/19/84 100/19/84 OR CONTRIBUTING CAUSE OF USE OF	DEATH HOUR A			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES DIRY IN ITEM TS PART TORPAS	NO [
OR CONTRIBUTING CAUSE OF		OF INJURY TREET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
220. I certify that XI (this has sow the deceased alive above. XI (we) (did) XI 22b. SIGNATURE	view the bod	he deceosed from 19, 19 y ofter death	<u>89</u> to	DEC 14, 19 nd that in (nXX)our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS C/O Marulan	MEDICAL STA DIRECTOR PHYSI	SEF CIAN A	PAL, that (LXIWe) las in the causes stated DATE SIGNED
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. 1	VAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR FOWN	COUNTY	STATE

Arbutus Memorial

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpapers-Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

APORTANT: If Item 21 is marked or Item 18 shows any

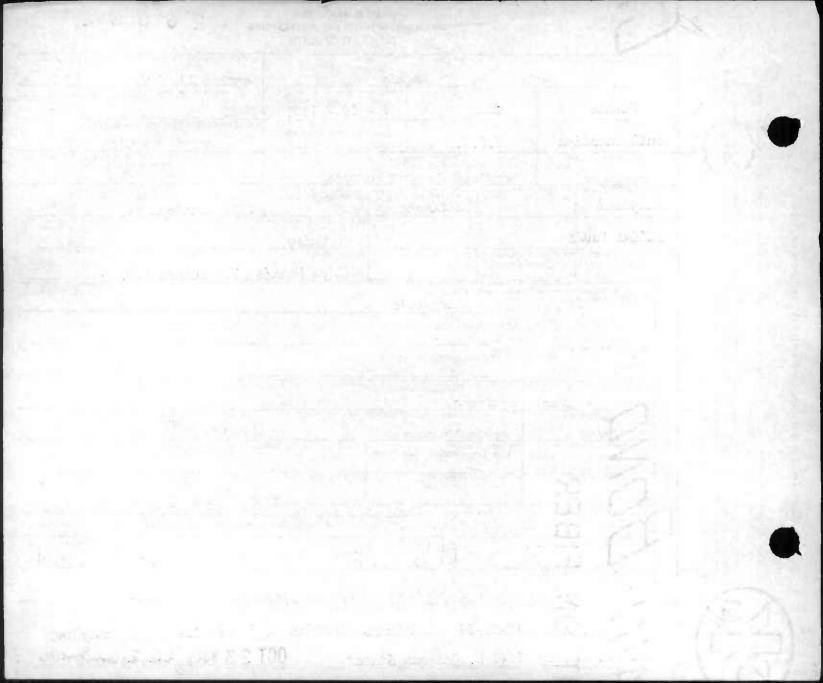
(SPECIFY)

2

24 FUNERAL DIRECTOR Vernon R. Bailey 1348 N. Calhoun Street

1C-25-84

OCT 2 3 1984 Lulia Davidson Borders.



-1	FOR STATE REGISTRAR			TH AND MENTAL HYGIENE CERTIFICATE OF DEAT	2665 REG. NO.	73
	PE OR PRINT)	FIRST	MIDDES		DATE KNOWN X MONTH	
3 SE	X 4. RACE	Clyde S. DATE OF BIR ON THE COMMENT OF		UNDER I YR DELINDER 24 HRS 26	10	28 19 84 DAY YEAR 74 28 19 84
	SIRTHPLACE (STATE OR OBER N TOUNTRY), Md	76 CITIZEN OF	F WHAT COUNTRY? 8. MAI	RRIED NEVER MARRIED XX	BALTIMORE CITY OR COUN altimore City	TY OF DEATH
9	Baltimore	(IF NOT IN SU	HOSPITAL, NURSING HOME, OR O CHFACILITY, GIVE STREET ADDRESS) Vident Hospital	THER INSTITUTION 170. USUAL	OCCUPATION (TYPE OF WORK	176 KIND OF BUSIN OR INDUSTRY ams Coal
13a.	Md.		DN. GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Balto.		ADDRESS 6 Grantley 1	Rd. 213
JI.	Clyde	WIDDLE	Adams, Sr.	IS. MOTHER'S MAIDEN NAME 乙世十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十	WIDDLE	Lewis
		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 212-84-4718	77. INFORMANT Zerita Adams	ADDRESS 3406 Grantle	ey Rd.
	Canditians, if on gave rise to in couse (o) stoting t lying couse last.	ny, which (b)_	OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO O	EATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1 a		
NO	PART 2 OTHER SIGNIFICANT		EATN BUT NOT RELATED TO THE TERMINAL DISI			20 AUTOPSY? YES 🏋
MEDICAL CERTIFICATION		FION 196. CO.	NDITION FOR WHICH OPERATION		URE OF INJURY IN ITEM 18 PART 1 OR PJ	YES X

2992 A TANKI I IS TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages fould be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

MPORTANT: If Hem 21 is morked or Item 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

0	4	J.	5	4
2	6	0	-	7

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE		LAST .	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TY	PE OR PRINT) WILLIA	M	ADAM	IS, SR.	October 1	5 1984 3 P M
3 S	EX	4. RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	male	black	3	27 17	67 YRS.	
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	New Jersey	U.S.A.			BALTIMORE CITY	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWI		12a USUAL OCCUPATION	MD 12b KIND OF BUSINESS OR
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIA	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LI	
ÜS	UAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		•	
	Maryland 136 COU	NTY Baltimo		134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 1602 Ingram	
_	FATHER'S NAME	Darezmo		15 MOTHER'S MAIDEN NA		
	FIRST	Clifton	1	Hannah	WIDDIE	LAST
60	WAS DECEASED EVER IN U.S. A		RITY NO.	17 INFORMANT	ADDRESS	
	(15 YES, GO NO OR UNKNOWN) (15 YES, G	136-12-	-5286	A Ora L. S	Jones 1602 Ing	ram Road APPROXIMATE INTERVIBET WEEN ONSET AND/O
VIION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF			VEN IN PART 11a
CERTIFICATION	THE OF OPERATION	LIVE CONDITION FOR WAICH	OPERATIO	IN WAS FERFORMED	_ IN CERTIF	FYING CAUSES OF DEATH?
	00.000.000.000.00		AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART ?)
MEDICAL	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LATHOME STREET FACTORY OFFICE F	ARM ETC)	PII LOCATION	CHYORTOWN	COUNTY STATE
	sow the deceased alive a	oital) attended the deceased from 19 oil view the body after death.	2401	DEGREE	death occurred on the dote and hou	19 A , that (I) (we) lost or and from the causes stated
	22d PHYSICIAN'S NAME (TYPE EVANGEL BURIAL, CREMATION, REMOVA	os LIGNO		22e ADDRESS	niversity t	Duny, 21218

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or

BP.

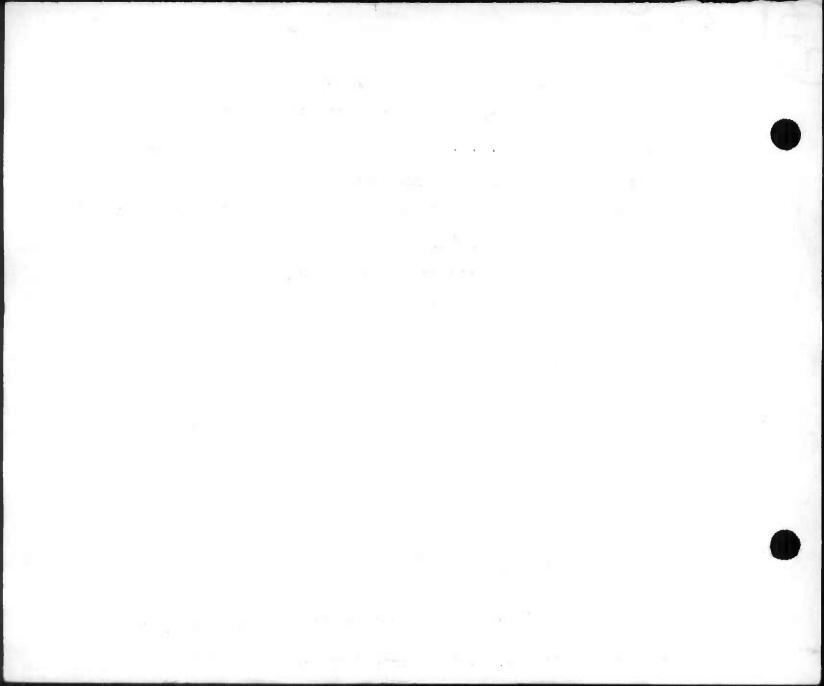
DUKTAL 10/11/84 4 FUNERAL DIRECTOR Wm C March F/H Inc. $1101~{
m E}$ North Avenue

Princess Anne Co,

Md.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE OCT 8 1984 Julia Davidson-Ron

Julia Davidson-Randelle



filled in by the funeral director, page 3 auld be filed within 72 hours after death

medicol

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or remaval. After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AN HYGTENE

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	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND I		TENE REG. I	NO.		
		EASED NAME FIN	151	N	NIDDLE	L	AST		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(1117)	E1:	ma	R	•	All	en		October	27,	1984	M
1	3. SEX		4. RA	CE		5. DATE O			6. AGE IN YEARS LAST B	BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
1		Female		Bla	ck	MONTH 6	26	33	51	YRS		NOOKS MIN.
		THPLACE (STATE OR FOREK	3N 76 CT	TIZEN OF V	WHAT COUN	ITRY? 8	□ NEVER /	AARRIED T	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
4		Carolina		U.S	.A.	WIDOWE		VORCED	Baltimo	re C	ity,	MD.
	10 CIT	Y OR TOWN OF DEATH				URSING HOME O	R OTHER INST	ITUTION	178 USUAL OCCUPA			OF BUSINESS OR
1	Ba	altimore				terson	Park	Ave.	The de mont to most		1110001111	
-	USUA 13a, Si	L RESIDENCE (IE NURSING H	OME OR OTHER	INSTITUTION		BEFORE ADMISSION)	13d. INSIDE C		13e.STREET ADDRESS	/ 7/P CC	DE 2121	3
1	Ma	aryland				imore	YES [X	NO []				Park Av
	14. FA	THER'S NAME	MIDDLE		LAS	Ť	15. MOTHER'S	MAIDEN NAA			IA.	
1		George	W.			ris	Ma	ary	N.		Bail	
		AS DECEASED EVER IN L	I.S. ARMED F		166 SOCIAL	SECURITY NO.	17. INFORMA	NT	ADD	RESS		
		10	TES, GIVE WAN	DM DATES]	238-5	54-8861	Roy I	Bridge	s 1923 N	. Pat	terson	Park Av
		18 CAUSE OF DEATH (E	nter only one	couse per	line for (o), (l	b), and (c),)						ONSET AND DEATH
	ш	PART I. DE ATH WAS	CAUSED BY: NEDIATE CAL		OVAR	IAN	CARUI	NOMA.	METASTATI	15	1	983
		Conditions, if ony, wh gove rise to immedicouse (a), stating underlying cause le	ich ote	(b)		SEQUENCE OF						
	NO O	PART 2 OTHER SIGNIFIC			NORTH		NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION C	SIVEN IN PART 1	0.
1	CERTIFICATION	19a. DATE OF OPERATION	1	9b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
		(If EITHER, NOTIFY MEDICAL E	OF DEATH	Ib. TIME OF HOUR A./ P./	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN.	JURY IN ITEM I	B PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	1.0	Ie. PLACE (AT HOME, STR	OF INJURY EET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATIO	ON	CITY OR I	IOWN	COUNTY	STATE
		220 I certify that (I) (this	hospital) a	ttended the	deceased f	rom	UNE	, 19	2, 10 PRE	> Em	. 19	that (I) (we) last
		sow the deceased a above, (1) (we) (did)		the body	ofter death.	.19, on	id that in (my)	(our) opinion o	death occurred on the	date and h	our and from the	couses stated
		276. SIGNATURE	36	L			DEGREE 1D	ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR ☐ PHYS	AFF ICIAN []	221. DATE	33/Ay
		6Afg	NYPE OR PRINT				7/1	S W. 40	型灯.	340	0.70.	2/2/1
		URIAL, CREMATION, REM	OVAL 23b	DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
1	I	URIAL	1	1/1/	184	R=1+1m	000		D-7.		COUNTY	- bm

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

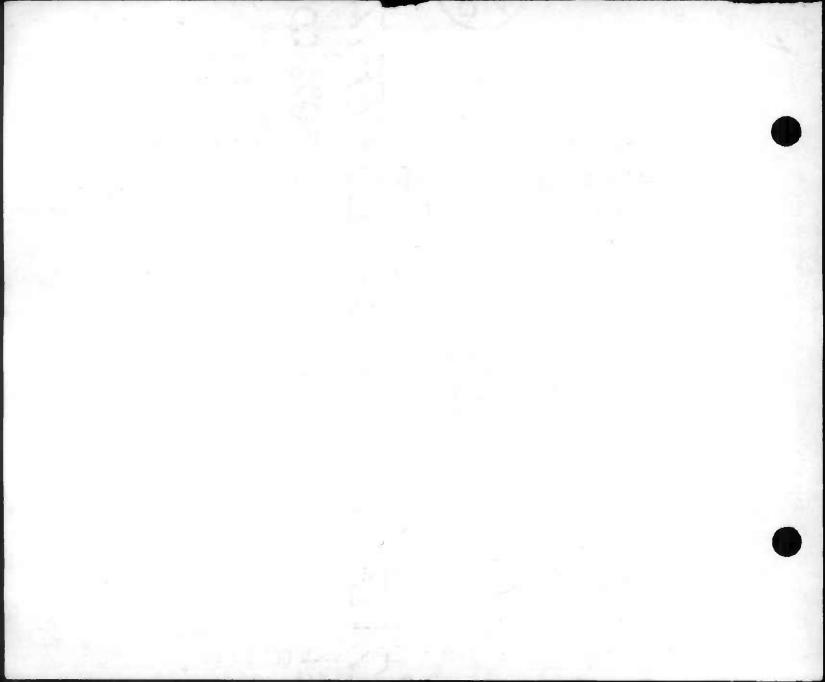
11/1/84

Baltimore Cemeter

Md.

Wm C March F/H Inc. 1101 E North Aye.

REGISTRAR'S SIGNATURE



death Page 4 may be

requires that the death certificate be executed within 24 hours after

STATE OF MARYLAND

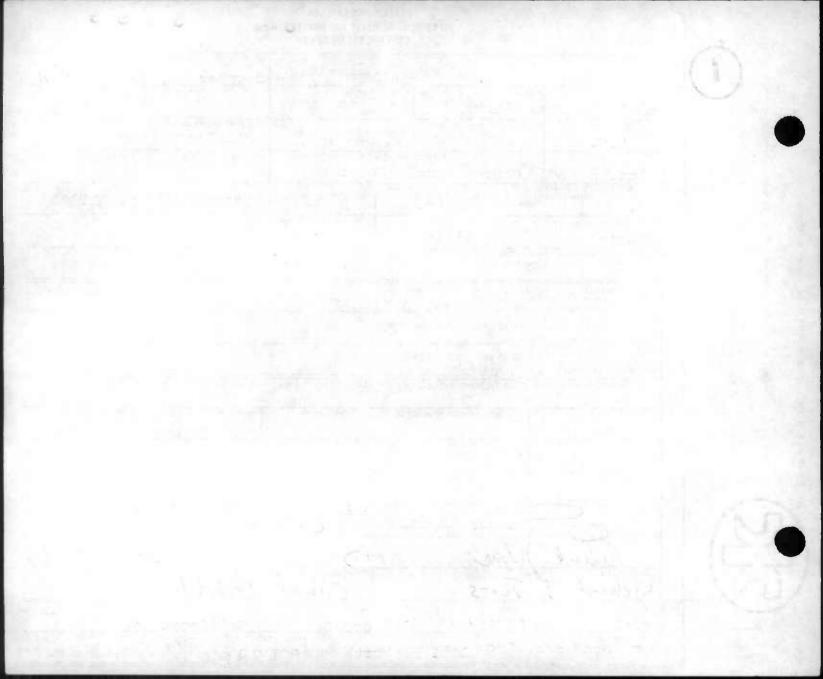
DEPARTMENT OF HEALTH AND MENTALTYGIFNE

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2/	1 -	REGISTRAR					ICATE OF DEATH	REG	. NO.		1	
1		CEASED NAME	FIRST	1	MIDDLE	L	AST	20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
1	11116	OR PRINT!	LEE	E		ALI	LEN	October	25.	1984	4	650
/	3 SEX	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 7
	Ì	Temale		Blac	k	9NTH	24 28	56	YR	MONTHS 5.	DAY5	HOURS
77		RTHPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9 BALTIMORE CIT Baltim			ATH	
0	10 CI	TY OR TOWN OF				WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUP			KIND OF	BUSINES
35	I	Balto.		Chur	ch FACILITY, GIVE STREET	ADDRESS) H		(TYPE OF WORK FOR MC			DUSTRY	5001112
25	130. S	AL RESIDENCE (# 1 STATE Md.	13b COUN		13c CITY OF TOW Balto.	'N	134 INSIDE CITY LIMITS?	13e STREET ADDREY	Sung Sung	ooct.	2	1202
e e	14. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA					
100		Frazie	r	MIDDLE	William	าร	Unkh	MIDDL		Q	LAST	
medicol		VAS DECEASED EV YES NO OR UNKNOWN NO		MED FORCES? /E WAR OR DATES)	16b. SOCIAL SECU	IRITY NO.	Sally Win		DRESS .018	Wilm	ont	Ct.
the the				ly one couse per	line for (o), (b), on	dicit				1	APPROXIA	AATE INTERV
ther traumatic		Conditions, if a gove rise to couse (a), st	immediate oting the	(b)_	R AS A CONSEOU!) The			
injury, ar other traumatic	ION	gove rise to couse (0), st underlying co	immediate ofing the use lost.	(b) DUE TO, O	R AS A CONSE O UI	ENCE OF	NOT RELATED TO THE TERM					
ws ony injury, ar ather traumatic	IFICATION	gove rise to couse (01, st underlying co	immediate ofing the use lost.	DUE TO, O (c) CONDITIONS CO	R AS A CONSE O UI	ENCE OF	NOT RELATED TO THE TERM IN WAS PERFORMED	200 AUTOPSY?	20b. IF IN CE	YES, WERE	E FINDIN	GS USED OF DEATH
shows ony injury, ar ather traumatic	ERTIFICATION	gove rise to couse (o), st underlying co	immediate of the use lost. IGNIFICANT ((b) DUE TO, O (c) CONDITIONS CO	R AS A CONSE O UI	ENCE OF	IN WAS PERFORMED	200 AUTOPSY?	20b. IF IN CE	YES, WERE	E FINDIN CAUSES (GS USED
em 18 shows ony injury, ar ather traumatica	CAL CERTIFICATION	gove rise to couse (0), st underlying co	immediate ating the use lost. IGNIFICANT RATION UNDERLYING CAUSE OF DE.	DUE TO, O (c) 19b. CONDITIONS CO 19b. COND 19b. COND HOUR A.	R AS A CONSE O UI	DEATH BUT		200 AUTOPSY?	20b. IF IN CE	YES, WERE	E FINDIN CAUSES (GS USED OF DEATH
rked or Item 18 shows ony injury, ar other traumatica	MEDICAL CERTIFICATION	gove rise to couse 101, sunderlying countrying countrying countrying country 218. ACCIDENT WAS OR CONTRIBUTING (HERIMER NOTIFY 21d. INJURY OCC	immediate ofing the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DE. AEDICAL EXAMINE:	DUE TO, O (c) 19b COND 19b COND ATH RB 21b TIME C HOUR A. P. 21c PLACE	R AS A CONSEQUI DINTRIBUTING TO I ITION FOR WHICH DE INJURY M. MONTH D. M.	OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION SIREET	200 AUTOPSY? YES NOTER NATURE OF	20b. IF IN CE	YES, WERE RTIFYING (YES	E FINDIN CAUSES (GS USED OF DEATH
is morked or Item 18 shows ony injury, ar ather traumatica		gove rise to couse 101, sunderlying couper 1919 couper	IMMEED I WHILE I WHILE I WORK	DUE TO, O (c) 19b. COND 19b. COND ATH P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUI	OPERATIO AY YEAR 19 FARM, ETC.)	211 LOCATION SIREET DOOR 23 19 84	200 AUTOPSY? YES NOTER NATURE OF	20b, IF IN CE	YES, WERE RTIFYING (YES 18 PART 1 OR	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO
m 21 is morked or Item 18 shows ony injury, ar ather traumatic a		gove rise to couse 101, sunderlying countrying countryi	Immediate to the time of t	DUE TO, O (c) 19b. COND 19b. COND ATH P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUI	OPERATIO AY YEAR 19 CARM, ETC.) OCTO 84	211 LOCATION SIREET DOCT 23 19 84 and that in (my) (our) opinion	200 AUTOPSY? YES NOTER NATURE OF	20b, IF IN CE	YES, WERE RTIFYING (YES 18 PART LOR	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO STA
4T: If tem 21 is morked or Item 18 shows ony injury, ar ather traumatical		gove rise to couse 101, 3 underlying couse 101, 10 underlying country 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF ETHER NOTIFY. 21d. INJURY OCCUMPLE ALWORK ALWORK AND ALWORK AN	immediate poting the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DE. AEDICAL EXAMINE UNRED WORK (1) WHILE WORK (1) WHILE (1) WH	DUE TO, O (c) 19b. CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUI	OPERATIO AY YEAR 19 CARM, ETC.) OCTO 84	211 LOCATION STREET DOOR 23 19 84 and that in (my) Gur) printion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTER NATURE OF CITY O to OCTO death occurred on the	20b. IF IN CEI	YES, WERE RTIFYING (YES 18 PART LOR	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO STA
APORTANT: If Item 21 is morked or Item 18 shows ony injury, ar ather traumatical		gove rise to couse 101, sunderlying countrying countryi	immediate poting the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DE. AEDICAL EXAMINE UNRED WORK (1) WHILE WORK (1) WHILE (1) WH	DUE TO, O (c) 19b. CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI	ONTRIBUTING TO I	OPERATIO AY YEAR 19 CARM, ETC.) OCTO 84	211 LOCATION STREET DOOR 23,984 and that in (my) Our opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTER NATURE OF CITY O to OCTO death occurred on the	20b. IF IN CEI	YES, WERE RTIFYING (YES 18 PART LOR	E FINDIN CAUSES (PART 2)	GS USED OF DEATH NO STA
IMPORTANT: If them 21 is morked or them 18 shows ony injury, ar ather traumatic e	WEDICAL MEDICAL	gove rise to couse 101, 3 underlying couse 101, 10 underlying country 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF ETHER NOTIFY. 21d. INJURY OCCUMPLE ALWORK ALWORK AND ALWORK AN	IMMEDIORE DITING THE USE LOST. RATION UNDERLYING LOST. LOST OF DELETION LOST. UNDERLYING LOST. LOST OF DELETION LOST. WORK (I) Chis hosp eased alive or e) (did Add no	DUE TO, O (c) 19b. COND 19b. COND ATH HOUR A. RI 21b. TIME C HOUR A. FILL 21c. PLACE (AT HOME, STILL 10t. Octobar 11 view the body	ONTRIBUTING TO I	OPERATIO AY YEAR 19 CARM.EIC) OCTO 84	211 LOCATION STREET DOOR 23 19 84 and that in (my) Gur) printion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTER NATURE OF CITY O to OCTO death occurred on the	20b. IF IN CEI	YES, WERE RTIFYING (YES 18 PART LOR	PART ?)	GS USED OF DEATH NO STA

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician



deoth Poge 4 may be

executed within 24 hours ofter

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

2	6	6	5	
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									N N	EG. NO.			
1		EASED NAME	FIRST	M	IDDLE		LAST		20 DATE OF DE		DAY	YEAR	2b HOUR
	(ITPE	OR PRINT!	WILLI	AM	P.	TAMA	TUCCI		Octobe	r 8,	1984	4	
3	SEX		4	RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IE UN	DER I YEAR	
		Male		White			eb. 16,	1918	66	Y	RS.	HS DAYS	HOURS
1 7		THPLACE STATE OF	R FOREIGN 7	L CITIZEN OF W	HAT COUNTRY	? B	D NEVERMA	APPIED T	9. BALTIMORE	ITY OR COL	INTY OF	DEATH	
5	2	Maryla		USA		WIDOW	ED DIVO	ORCED	Baltimo	re Cit	У,		
20		Y OR TOWN OF DE Baltimo	ore	903 E	Lake	et address) Avenue		TUTION	120 USUAL OCC (TYPE OF WORK FOR Ta:			NDUSTRY	of Busines lothi
38	3a. S	Maryland	13b COUNT		Baltin	WN	13d INSIDE CITY	NO 🗌		RESS Lake	e Ave	nue	21212
1	I. FA	THER'S NAME FIRST	м	DDLE	LAST		15. MOTHER'S A	MAIDEN NAM		DDLE		LA.	51
20		Josep			Amatuco			Elvir				Mic	hetti
, 10		AS DECEASED EVE		WAR OR DATES)	166 SOCIAL SEC		17 INFORMAN	IT		ADDRESS	35		
/ L		Yes		II	212-09-	-6816	Mrs. M	larie A	matucci	same	e as	# 13	
		Conditions, if on- gove rise to in couse (a), stat underlying caus	nmediate ing the	DUE TO, OR	as a conseou	UENCE OF							
	NO	gove rise to in	nmediate ing the ie last.	(c)			I NOT RELATED TO	O THE TERMI	NAL DISEASE OF	CONDITION	GIVEN IN	N PART 1	0
2	TIFICATION	gave rise to in cause (a), stat underlying caus	nmediate ing the ie last.	onditions <u>co</u> t	ntributing to	DEATH BUT	NOT RELATED TO		20a AUTOPSY	? 20b II	F YES, WE	RE FINDI	NGS USED
1.4	CERTIFICATION	gove rise to in couse (o), storing couse (o), storing couse PART 2 OTHER SIG	mediate ing the ice lost. SNIFICANT CO	196 CONDIT	NTRIBUTING TO	D DEATH BUT H OPERATIO	ON WAS PERFORA	MED	20a AUTOPSY	? 20b II	F YES, WE ERTIFYING YES	RE FINDI	NGS USED OF DEATH
1.4	CERTIFICATION	gove rise to in course to state underlying course PART 2 OTHER SIG	innediate innediate in last. SNIFICANT CO ATION DERLYING CAUSE OF DEATH	196 CONDIT	INJURY MONTH	D DEATH BUT H OPERATIO DAY YEAR 19	21c HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO (ENTER NATURE	? 20b II IN CE	F YES, WE ERTIFYING YES M 18 PART 1 (RE FINDI G CAUSES OR PART 2)	NGS USED OF DEATH
1.4	VEDICAL CERTIFICATION	gove rise to in couse (o), storing couse (o), storing couse PART 2 OTHER SIG	mediate in	196 CONDIT	NTRIBUTING TO	D DEATH BUT H OPERATIO DAY YEAR 19	21c HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO (ENTER NATURE	? 20b II	F YES, WE ERTIFYING YES M 18 PART 1 (RE FINDI	NGS USED OF DEATI
1.4	MEDICAL CERTIFICATION	gove rise to in couse (o), storing couse (o), storing couse PART 2 OTHER SIG	ATION ATION ADERLYING CAUSE OF DEATH CALEXAMINER) RRED ORK	196 CONDIT	INJURY FINJURY T, FACTORY, OFFICE,	D DEATH BUT H OPERATIO DAY YEAR 19	21c HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO (ENTER NATURE	? 20b II IN CE	F YES, WE ERTIFYING YES M 18 PART 1 (RE FINDI G CAUSES OR PART 2)	NGS USED OF DEATI NO
1.4	MEDICAL CERTIFICATION	GOVE FISE 10 in the course (0), stool underlying course (0), stool	INTERCANT CO	21b. TIME OF HOUR A.M. 21e PLACE O (AT HOME, STREE	INJURY MONTH FINJURY TACTORY, OFFICE,	D DEATH BUT H OPERATIO DAY YEAR 19 , FARM, EIC)	21c HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO ED (ENTER NATURE	POLE IN CENTRAL MARIEM AND	F YES, WE ERTIFYING YES 18 PART 10	RE FINDI G CAUSES OR PART 2)	NGS USED 6 OF DEATH NO
1.4	MEDICAL CERTIFICATION	GOVE FISE 10 in the course (0), stool underlying course (0), stool	INTERCANT CO	196 CONDIT	INJURY MONTH FINJURY TACTORY, OFFICE,	DO DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	21c HOW INJU	MED URY OCCURR	200 AUTOPSY YES NO ED (ENTER NATURE	POLE IN CENTRAL MARIEM AND	FYES, WE ERTIFYING YES A 18 PART 1 0	RE FINDI G CAUSES OR PART 2)	NGS USED OF DEATI NO
1.4	MEDICAL CERTIFICATION	PART 2 OTHER SIC 98. DATE OF OPER/ 210. ACCIDENT WAS UP OR CONTRIBUTING WHILE ALL WORK WHILE ALL WORK 220.1 certify that Sow the decel Sow the decel	INTERCANT CO	21b. TIME OF HOUR A.M. 21e PLACE O (AT HOME, STREE	INJURY MONTH FINJURY TACTORY, OFFICE,	DO DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET Ind that in (my) to DEGREE	MED JRY OCCURR 19 Opinion d	YES NO ED (ENTER NATURE	P 206 II IN CE INJURY IN ITEA	FYES, WE ERTHYING YES	RE FINDING CAUSES OR PART 2) COUNTY from the 22c DATE	NGS USED OF DEATH NO st that (I) (w causes stat
1.4	MEDICAL CERTIFICATION	PART 2 OTHER SIC 98. DATE OF OPER/ 210. ACCIDENT WAS UP OR CONTRIBUTING WHILE ALL WORK WHILE ALL WORK 220.1 certify that Sow the decel Sow the decel	INTERCANT CO	196 CONDIT	INJURY MONTH FINJURY TACTORY, OFFICE,	DO DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET Ind that in (my) to DEGREE	MED JRY OCCURR 19 Opinion d	YES NO SED (ENTER NATURE	P 206 II IN CE INJURY IN ITEA	FYES, WE ERTHYING YES	RE FINDING CAUSES OR PART 2) COUNTY from the 22c DATE	NGS USED OF DEATH NO st that (I) (w causes stat
1.4	MEDICAL CERTIFICATION	GOVE FISE 10 in couse 10), story underlying couse 10), story underlying couse 10, story underlying couse 10, accident was underlying 10, accid	ATION ATION MERITING (CAUSE OF DEATH) CAUSE OF DEATH DICAL EXAMINER) RRED WHILE (CAUSE OF DEATH) I) (this hospito sed alive on the control of the con	21b. TIME OF HOUR A.M. 21e PLACE O (AT HOME STREET)	INJURY MONTH FINJURY TACTORY, OFFICE,	DO DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET Ind that in (my) to DEGREE ATT PH 22e ADDRESS	MED JRY OCCURR N 19 Opinion d TENDING HYSICIAN	YES NO ED (ENTER NATURE	POLY IN CEAN YORTOWN The date and STAFF HYSICIAN	FYES, WE RTIFYING YES 1	RE FINDING CAUSES OR PART 2) From the 221. DATE	NGS USED OF DEATH NO 1
9	MEDICAL CERTIFICATION	gove rise to in couse 101, stot underlying cous PART 2 OTHER SIC 90. DATE OF OPER: 210. ACCIDENT WAS UP OR CONTRIBUTING [IFEITHER NOTIFY MEE 21d INJURY OCCUI AT WORK NOTIFY AT WITH AT WORK AT WORK AT WORK 220. I certify that (I) Sow the decea above, (I) (was 221. SIGNATURE 222. SIGNATURE	ATION AT	21b. TIME OF HOUR A.M. 21e PLACE O (AT HOME STREET)	ION FOR WHICH	DO DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET Ind that in (my) to DEGREE ATT PH 22e ADDRESS	MED JRY OCCURR 19 Opinion d TENDING AYSICIAN X YORK F	200 AUTOPSY YES NC ED (ENTER NATURE CIT MEDICAL DIRECTOR F COAD Bal 1234 LOCATIO	P 206 II IN CE IN	FYES, WE RTHEYING YES 1	COUNTY from the 222. DATE	NGS USED OF DEATH NO STA
9	MEDICAL CERTIFICATION	GOVE PISSICIAN'S NOT WAS UP AT 2 OTHER SIC COURS 10 1, stot underlying cours of the sic cou	ATION AT	196 CONDIT 196 CONDIT 216 TIME OF HOUR A.M 21e PLACE O (AT HOME STREET) VIEW THE BODDY O	ION FOR WHICH	DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 218 HOW INJU 211. LOCATION STREET Mid that in (my) Ho DEGREE ATT PH 22e ADDRESS 6010	URY OCCURR 19 20 19 2	200 AUTOPSY YES NO ED (ENTER NATURE CIT MEDICAL DIRECTOR F COAD BA 23d LOCATION	P 206 II IN CE IN	FYES, WEERTIFYING YES MIB PARTIC A hour and Coo.	RE FINDIS CAUSES OR PART 2) From the 221. DATE TYLA	ngs used of Death No 1
7	MEDICAL CERTIFICATION	GOVE PISSICIAN'S NOT WAS UP OF COLUMN TO STORY OF COLUMN THE PISSIC PROPERTY OF COLUMN THE PISSI	ATION AT	21b. TIME OF HOUR A.M 21c. PLACE O (AT HOME STREET) VIEW THE BODY O 23b. DATE	INTRIBUTING TO	DAY YEAR 19 FARM. ETC.) NAME OF C.	211. LOCATION STREET 218 HOW INJU 211. LOCATION STREET ATT PH 22e ADDRESS 6010 EMETERY OR CRI	JRY OCCURR 19 \$2 TENDING TYSICIAN X York FREMATORY THE MATORY THE MATORY	200 AUTOPSY YES NO ED (ENTER NATURE CIT MEDICAL DIRECTOR F COAD BA 23d LOCATION	POLY IN CE	FYES, WEERTIFYING YES AND ARE PARTICLE	REFINDIG CAUSES COUNTY from the 22c DATE 10 ryla Mary S SIGNAL	that (h) (w couses stored by 19/8)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	
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DIVISION OF VITAL RECORDS, ACT WE TRESTON ST., DATE MICHAEL MANIETERS ELECTRON	3	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, an other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 0 6

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	NO.		
	ECEASED NAME PE OR PRINT)	FIRST	P	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	SEAR 2	b. HOUR
		Kay		Sec. S	AH	105	10	10 Jolg	87	7 1
3. SE	X	141	RACE	7-	5. DATE C		6. AGE (IN YEARS LAST B	MON		HOURS A
	Female	9	Blac	K	12	4 08	75	YRS.		
	COUNTRY)	FOREIGN 76		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
# T	Russia	DO CO	USA		WIDOWE		Baltimon	ce City	7.	
10 C	ITY OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION	12b. KIND OF	BUSINESS
B	altimor	2				Hospital	(TIPE OF WORK FOR MOST	OF WORKING ENER	IIADOSIKI	
USU 13a.	JAL RESIDENCE (IF NUR	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
M	laryland			Baltim		YES X NO	3001 Ga	rrison	Blvd	. 21
-	ATHER'S NAME	AID	DIE	LAST		IS MOTHER'S MAIDEN NA	WE		LAST	
Uı	nkn '''s -	MID	DIE			Unknfirst	Middle	***	LAST	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDE	RESS		
1	(YES, NO ORUNKNOWN)	(IF YES, GIVE W	AR OR DATES)			Queen Hay	es 3001 G	arriso	n Bly	d.
	18 CAUSE OF DEAT	H (Enter poly r	one couse per	line for (a). (b), and	l (C)		1		APPROXIMA BETWEEN ON	ATE INTERVA
	PART I. DE ATH V	AS CAUSED 8	Y: /	and flin	Rock	Mintone 2	1 NOnt			
ICATION	PART 2 OTHER SIG					NOT RELATED TO THE FERM	INAL DISEASE OR CON	206. IF YES, W		S LISED
1 2	The Date of Great		1,0 00,10		0,5,,,,,		YES NO		G CAUSES O	
CERTIFI	21a. ACCIDENT WAS UN	DERLYING	216. TIME O			21c. HOW INJURY OCCUR		URY IN ITEM 18 PART	OR PART 2)	
1 4	OR CONTRIBUTING		HOUR A.	M. MONTH DA	Y YEAR					
MEDIC	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION			COUNTY	STA
¥	WHILE NOT W	HHE	(AT HOME, STR	REEF, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR T	OWN	COUNTY	21 A
	22a I certify that (II		attended th	e, deceased from	DOX	7 19 84	10 Oct	-26 19	89 th	ot (I) (we
18	sow the deceas	ed alive an	101.26	19	84.0	nd that in (my) (our) opinion (death occurred on the	date and haur ar		
-	opove. (I) (we) (did) (did nat) v	iew the body	offer death.		DEGREE			22c. DATE SI	
1	226. SIGNATUM		111	-		DEGREE			ZZL. DAIS SI	GNED
	22b. SIGNATUR	nor !	1.46	lon Mi	0	ATTENDING PHYSICIAN	MEDICAL STA		10/20	6/84
		MOL STAPE OF A	////	con, Mi	7	ATTENDING			10/20	GNED 6/84
	226. SICH WAR	nor	Y. H;	kon, M	D.	ATTENDING PHYSICIAN [olrector Physical Phy		10/20 mare	MT.
230	22d. PHYSICIAN'S N E CO BURIAL, CREMATION, (SPECIFY)	nor	Y. H.		D JAME OF C	ATTENDING PHYSICIAN DE 226 ADDRESS 310 TOWA	DIRECTOR PHYS	Balt.	10/20	MI.
L	22d. PHYSICIAN'S N E CO BURIAL, CREMATION, (SPECIFY) Burial	nor	Y. H;		D.	ATTENDING PHYSICIAN [22e ADDRESS 310 Towa EMETERY OF CREMATORY Auburn Cem	DIRECTOR PHYSI	Ba H	10/20 inve	10/84 MT.
	22d. PHYSICIAN'S N L CQ BURIAL, CREMATION, (SPECIFY) BURIAL FUNERAL DIRECTOR NAME	<u>n Of</u>	Y. H. 23b. DATE 11-2		D. JAME OF C. Mt.	ATTENDING PHYSICIAN [22e ADDRESS 3100 Towa EMETERY OR CREMATORY Auburn Cem 25e DAT	DIRECTOR PHYSI	Balto.	10/20 inve	M1.

North Ave.

Wm, C. March F/H 1101

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 per 10 HOSPITAL OR ATTENDING PHYSICIAN.	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in thy the firm farmed divided in the firm of divid	should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled within 72 hours were carban papers.	with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.	IMPORTANT: If them 21 is marked at them 18 shaws any injury, at ather traumatic event, the medical extra control of anger-

	1-	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	PEG NO	5 9
	I. DEC	CEASED NAME GLOCUS OR PRINT) REXXERSES	Margaret	Anderso	n-(Jandrusia)	DATE OF DEATH MONTH	9 84 11 AM
	3. SEX	Female	4. RACE Whit	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	
4	1	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND, WAA	76 CITIZEN OF WHAT CO	MARRIE		BALTIMORE CITY OR COUNT	CITY MD.
3/	8	ALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G FRANCIS SE-	VESTREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S		NTY 13t. CITY	DR TOWN ALTIWATER	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	2/2/14
W	14. FA	GORDON		AST IKLS	14	arrie	HOHENSTEIN
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	CONTRACTOR OF THE STATE OF THE	D76334	CACOLYN AN	NERSON 305 CA	SPNWALL ST, BALT MI
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED DV	(b), and (c).)			BETWEEN ONSET AND DEATH A Cley's
		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF NECRO	TIL FOOT U	LCER	30 days
		couse (a), stating the underlying couse last.	101	ADTIC	FOOT MEET		
á	CERTIFICATION			billetion C	homic Renal Failure	200 AUTOPSY? ZOB. IF YOU IN CERT	A KINA NEW OF STATE BAD ES, WERE FINDINGS USED STIFYING CAUSES OF DEATH? YES NO
9	ICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
		220.1 certify that (I) (this hasp	oital) attended the deceased in 15 - 9 at iview the bady after deat	19 84 , or	nd that in (my) our) opinion	death occurred on the date and ha	_, 19, that (1) we) last our and from the causes stated
		Michel	Coole		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/8/84
/		22d. PHYSICIAN'S NAME (TYPE	C. SDULLEN		220. ADDRESS FIRANCIS S		YE., BALTIMORE ZILZY
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	10-12-84		emetery or crematory Redeemen Cem	Bactimore (i	ty. Md. STATE
82		uneral director artes S.Zeiler	& Son Inc. 6	224 Easte	ern Ave. 250 DN	REBUTAR 255 REGI	STRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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1	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
e 4 may be bor, page 3 fafter death		TEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 126. HOUR OF PRINT) Anna D: Ande jak 10-29-84 14 Am Ande jak 10-29-84 14 Am Ande jak 10-29-84 14 Am Ande jak 10-29-84 17 Am Ande jak A
of the state of th		RTHPLACE (STATE OF FOREIGN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH OWNER) WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) 17. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH OWNER MARRIED NOT COUNTRY OWNER M
within 24 hours deep tilled in by and 2 should be fill and mer freg be at	13a. S	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CUTY 136. CUTY 136. CUTY 136. CUTY 136. STREET ADDRESS YES NO 12 3 2 3 4 THER'S NAME FIRST MIDDLE LAST 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST 1 MIDDLE LAST
ote be executed pers. Pages 1 pours.	19	ANDREJAK AGARS ANDREJAK AGARS ANDREJAK AGARS ANDRESS ANDRESS ANDRESS ADDRESS ADDRESS ADDRESS ADDRESS APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
hat the death certific by the attending physics remove corbon ps il, semoltor, or remove other traumatic even		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDING MUNUM HITTEST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
The arrection. The bar been apred sit perm! This ple giene miel to brown shows any mury in	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sepsilon 190 Condition for which operation was performed 200 autopsy? 200 in Certifying Causes of Death? YES NO YES NO NO
G PHYSICIAN: patending physics or this certifica in the burial-tron and Mental Hyked or Hem 18	CAL	216. TIME OF INJURY OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR ATTEN e hospital OIRECTOR: ched for us Dept. of He		220. I certify that (I (this haspitality attended the deceased from October IV., 19 44, to October 24, 19 84, that (II (we)) as the deceased attended the deceased from October IV., 19 44, to October 24, 19 84, that (II (we)) as the deceased attended the deceased from October IV., 19 44, to October 24, 19 84, that (II (we)) as the deceased from October IV., 19 44, to October 24, that (II (we)) as the deceased from October IV., 19 44, to October 24, that (II (we)) as the deceased from October IV., 19 44, to October 24, that (II (we)) as the deceased from October IV., 19 44, to October 24, that (II (we)) as the deceased from October IV., 19 44, to October 24, that (II (we)) as the deceased from O
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store I IMPORTANT; if		22d PHYSICIAN'S NAMY (TYPE OR PRINT) 22e ADDRESS Lobert J. Newfeld South Bultimore Gen Hosp SOUTH BULLIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY! SPECIFY!

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

NAME 11LY + ZEILER, INC. 1901 EASTERN AUF-2/23/NUV 5

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

AN WELL OF 75 7-15-09 Commence of the Commence of th FRANCIS - PROKESHA ANTES PROPRIET - 60° TO THE STATE OF THE WAS ARRESTED BY STATE OF THE PARTY OF THE P

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE OR PRINT) FRAN	K 4.	ANDREASIK	OCTOBER 2,	1984 6:08AM
	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
,	Male	white	JAN 14, 1927	57 YRS	MONTHS DAYS HOURS MIN,
	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
1	Med	USA	WIDOWED DIVORCED		CITY MD.
5	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
	BALTIMORE		PKINS HOSPITAL	SPRAY PLICE TER	
7	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
1	130. STATE 136 COUN	- 1 mm	YES NO [13e STREET ADDRESS / ZIP CO 2419 Mc Elde	
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
Į,	FELIX WA	ITER ANDREI	ISIK Levise	FRANCES ADDRESS	0/5ZCW5K1
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	2419
		N 2 217-22	-0579 GERALDINE	G. ANDREASIK	McEldeRRY ST.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT (b) DIVE TO, OR AS A CONSECT (c) DIVE TO, OR AS A CONSECT (c)	Stem stroke	state	
		ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (SIVEN IN PART 110
1	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
9	OR CONTRIBUTION DE CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	IS PART I OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFIC	E FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this hospi	tal attended, the deceased from	W/ III	n death occurred on the date and h	that (1) (we) fast
	above, (I) (we) (did) (did no	t) view the body ofter death.	9		
L	David A	ochelans	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10 2/SY
	22d. PHYSICIAN'S NAME (TYPE O	1	The ADDRESS	his top king	HOSP

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detached far use os with the State Dept. of Health TO FUNERAL DIRECTOR

MPORTANT: If them 21 is marked or them 18 shows ony

IMATTEY MILLER

CREMATION, REMOVAL

2332 Teffersen ST

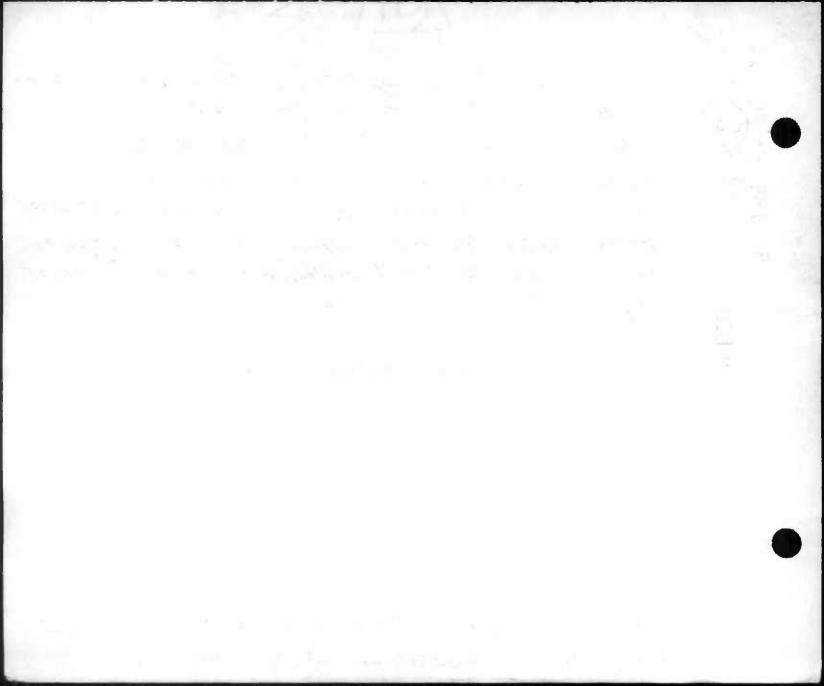
23h DATE Oct 5, 1984

23c. NAME OF CEMETERY OR CREMATORY V 25a DATE REC'D. BY REGISTRAR OCT

OF TIMERE

Md. COUNTY

256, REGISTRAR'S SIGNATURE Func Daydson Randare



shysician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the time funeral attending page 3
should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be find within 70 tops.
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If Hem

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHY - STATE CERTIFICATE OF DEATH

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			REG.								
	2a DA	TE OF	DEATH	MON	TH	DAY		YEAR	2b. HO	UR	_
				10	~~	9.	. 8	34	5,	45	A
	6 AGE	{ IN Y	ARS LAST	BIRTHDAY	()	MON		R I YEAR	IF UNDE	R 24 HR	
,		7	/		VB.C	MUN	IHS	DATS	HODRS	MIN	4.
1	9 BAL	TIMO	RE CITY	OR CO	YRS.	Y OF	DE	ATH			
					im	or	е	Ci	ty	٨	AD.
	12a US	UALC	CCUPA FOR MOS	TION	DV D IC			KIND C	F BUSIN	VESS C	R
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REGISTRAR DECEASED NAME TYPE OR PRINTS LLIS 3 SEX 4. RACE DATE OF BIRTH hite emale 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWED M 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY_GIVE STREET ADDRESS) BALTIMORE SECOURS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN Balto. 13d. INSIDE CHY LIMITS? Md. NO [15 MOTHER'S MAIDEN N 14 FATHER'S NAME Ste] FIRST MIDDLE OURLIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Stanley 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY Aduno carcinoma of DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CERTIFICATION myocardial 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 0712.84 rigmoid colon Parcinoma al 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCU HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED Te. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, ((wf) (did) (did nat) view the body after death and that in (my) (our) opinio 22b. SIGNATURE DEGREE FCO ATTENDING PHYSICIAN. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SUJETA S'APSIRI. NO 1910-14 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/83

(VRA 15, 4)

Cremation 10-12-84 24 FUNERAL DIRECTOR

Security Process

Baltimore

Md.

Mac Nabb Funeral Home Catonsville

Md.

236. DATE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNAURS

20M 4/82

STATE OF MARYLAND

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requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR, After the conflicte has been signed by the ottending physician and completely filled in by the formal directional be detailed to use of the first mansifipermit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours, the State Destrict Health and mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

1 -	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.				
	CEASED NAME	FIRST	MIDE	DLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOY		
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14. FA	ATHER'S NAME	MIDDLE	-1411-3	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	*		
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Jr. Funeral Home

DHMH - 16 50M 4/83

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low

(VRA 15, 4)

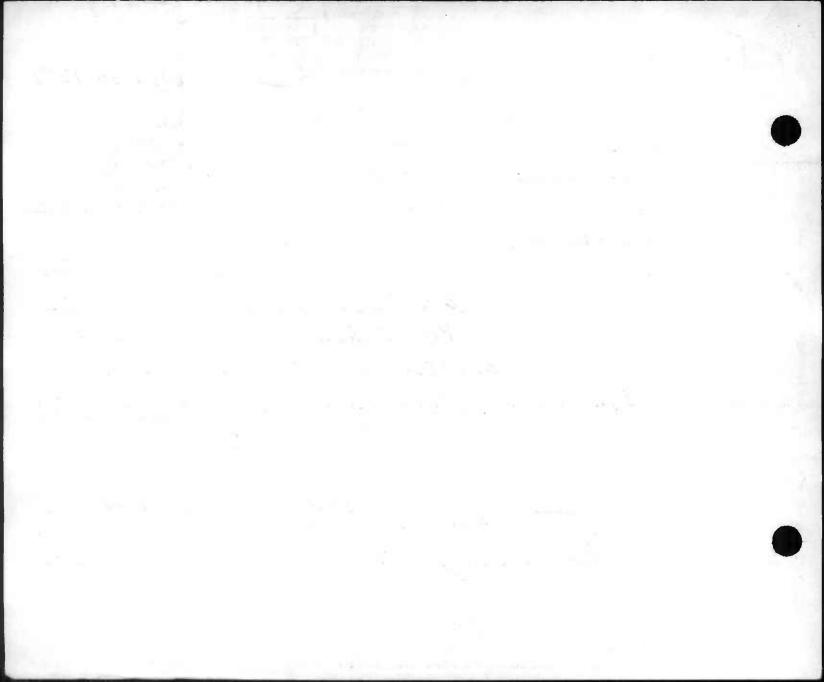
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician. notified of once.

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		JULI	A	L.	AR	THUR		101	10/2/84 /	
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	Balto.					ursing Home	Manicur:	ist	(NDUSTRY Unkn	own
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	Md.			130 CITY OR TOW Balto		YES 🔀 NO 🗌	3405 Ly			. 2
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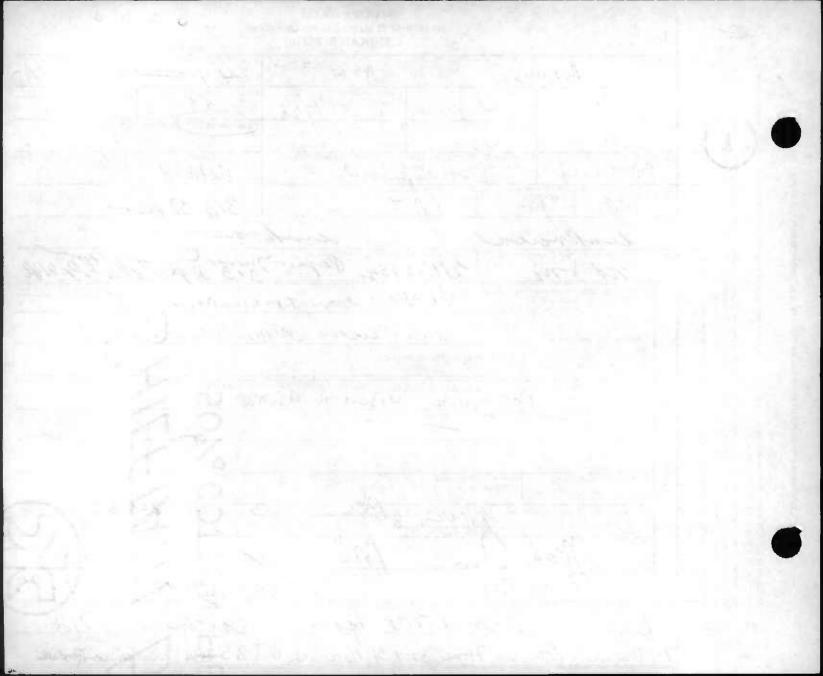
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, 21 із то		22a.1 certify that (I) saw the decease	d olive on	10	19		nd that in (my) (our) o	opinion de	2, to	he date and	hour and from the	
Tr. H hen		22b. SIGNATURE	nance	On	n	/			MEDICAL DIRECTOR PH	STAFF IYSICIAN	22c. DATE	SIGNED 1241
IMPORTANT: H		THE PHYSICIAR'S	AMIL	agy)			22. ADDRESS 903	1BA	1	1	Ech	421
_		BURIAL, CREMATION, P	REMOVAL 23	b. DATE 10-29	/	Mt NAME OF C	EMETERY OR CREMA		23d LOCATION CITY OF TOV	emore	COUNTY	nd."
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DHMH - 16 50M 4/82 (VRA 15, 4)

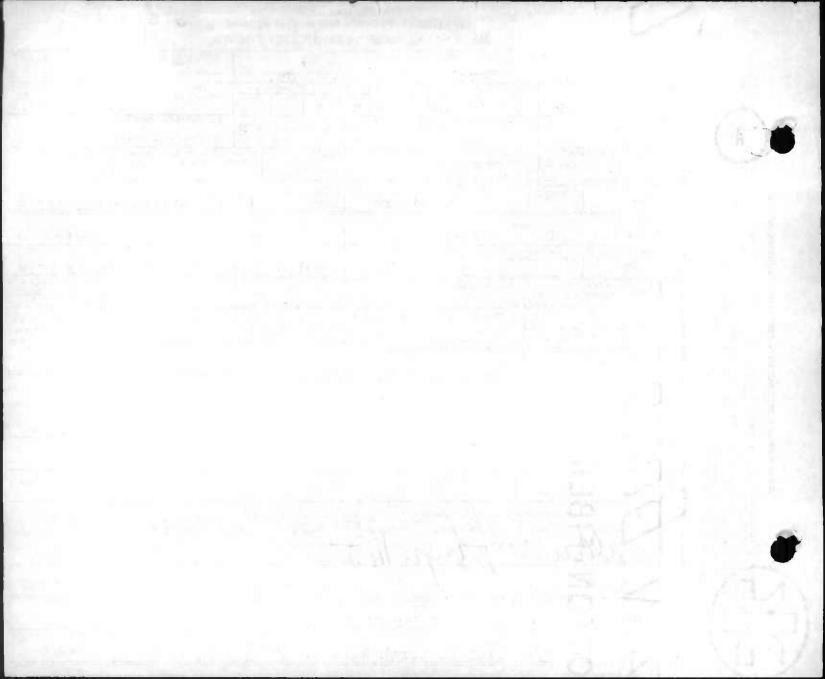
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	TO MEDICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY RECUTE THE CERTIFICATE, WRITING THE WORD "TO FIND PRICT. IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 3. RETAIN PAGE 0F FUNCTION OF WITH THE SPACE 3 SHOULD BE CASED AS A BURRAL "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILLY WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	SS AF GIVI VITH PAG
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	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG PUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMANARAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMANARI DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMANARI DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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	FOR STATE					AND MENTAL		2 0	0 9		
	REGISTRAR	FIRST	MEL		MINEK, 2 C	ERTIFICATE		IN.	G. NO.		
	CEASED NAME OF PRINT)	NE FIRST		WIDDLE		LAST		OF EST			2b. H
		Henr				skew, Jr		DEATH MATE		10-15 19 84	
3 SE)	(4. RACE	5 DATE OF BIRTH		(IN YEARS IF UN		R 24 HRS. 2c.	DATE	MONT		
Ma	le	Black	5 10	84	YRS. 5	5		DEAD		1.0-1.5 19	9:
70 B1	RTHPLACE (S	STATE OR	76 CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MAR	RIED X	BALTIMORE	ITY OR COL	UNTY OF DEATH	
	MD		U	SA	WIDOW	ED DIVOR		Balting			
10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING		ER INSTITUTION		OCCUPATIO		OR INDUS	
	Baltim	ore /	South Ba			Hospital					
	L RESIDENCE	JIF IN NURSING HOME C	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE A	DMISSION	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS			
130 3	MD	, se cook		Baltim	ore	YES NO	1308	Shel	lbank	s Rd. 2	12
14. FA	THER'S NAM	Æ	MIDDLE	1460		15 MOTHER'S MAI		MIDDLE		LAST	
	Henry	D.		kew, Sr		Caro	lyn	WILD CE.		Davis	
16a. V	VAS DECEASE	ED EVER IN U.S. AR		16b. SOCIAL SE		17. INFORMANT		AD	DRESS		
(4	NO NO OR UNKN	(IF YES, GIVE	WAR OR DATES)	N	I/A	Carolyn	Davis	1308	Shel	lbanks	Rd
	18 CAUSE O	OF DEATH (Enter on	ly one cause per line	for (o), (b), and (c	1.)					APPROXIMA BETWEEN ONS	TE INTE
		EATH WAS CAUSE	DBY:			eath Syndi	come			BETWEEN ONS	I AINE
	700	IMMEDIA	L CHOSE (G)			Oct Carl Co. I acc					
			DUE TO, OR	AS A CONSEQUE	NCE OF						
		ons, if any, which	(b)								
		a) stating the <u>under</u>	DUE TO, OR	AS A CONSEQUE	NCE OF						
	lying ca	iuse last.									
	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT BELATED TO T	HE TERMINAL MICEAS	E OR CONDITION GIVEN IN	PART 1 (a)				
z	I Ant 2 Other	John Texas Compilions	CONTRIBUTING TO GENTIL	OF NOT KLENIED TO II	HE TERMINAL DISEAS	E OR COMBITION GIVEN IN	PART TO				
MEDICAL CERTIFICATION	19a, DATE O	F OPERATION	19h CONDIT	ION FOR WHICH	OPERATION W	/AS PERFORMED?				20 AUTOPS	Y?
FIC										111111111111111111111111111111111111111	
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LCE	UNDERLYIN	G OR	HOUR A.M	MONTH DAY		O. HOOK I OCCUR	WED TRANSPORT				
ICA		ING CAUSE OF		DE INJURY (AT HO	19	CATION			_		
WED	216 INJURY WHILE	OCCURRED NOT WHILE		ORY, FARM, ETC.)		STREET	C	ITY OR TOWN		COUNTY	
	AT WORK	AT WORK									
	229. I cert	tity that I took chare	ge of the remains	cribed above, held	dan Autop	nsy XX Inspect	tion [],	Inquiry .	and in m	y opinian	
	deoth resul	10	ral causes XX	Acham	Sylicide	. Hamicide		nined manner			
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1.0	ACTUAL /	Wells	100 1	my.	11/11	Assistar	nt			ATE 10-15	5-8
	SIGNATURE		1X	1710	IVILLO	TABOTA COL	MEDICA	AL EXAMINER	SK	GNED TO TE	
	EXAMINER'S	S NAME Dam	nia E C-	+h//M D		111	Donn C	troot	Dalta	MA 21	120
	(TYPE OR PR	INT) Den	nis F. Sm			ADDRESS	Penn S		Daito	, Mu. 21	.20
	SPECIFY)	ATION, REMOVAL	73b DATE			OR CREMATORY	23d. LOCA				STATE
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24. F			14/17/0	7			2 1111	ie vra	HUCL	CO. 1.	
	UNERAL DIRE		ADDRESS				E REC'D. BY RE	GISTRAR 25	REGISTRAF	R'S.SIGNATURE	
Wn	UNERAL DIRE		ADDRESS	E. No		25e. DAT	E REC'D. BY RE	1084 25	REGISTRAF	SSIGNATURE	82

STATE OF MARYLAND



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						REG.				
ATMRC	CEASED NAME FIRST	,	MIDDLE	ı	LAST	20. DATE OF DEATH	HIMOM	DAY YEAR	26 HOU	JR
TITE	CALVIN	C.6	i. A	AULIS	SIO . PhaD .	OCTOBER	10.19	984	11:	15
SE	×	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	- IF UNDER I YEAR	IF UNDER	
. 34	fale	White		Dec	. 3, 1923	60	YRS.	MONTHS DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY	OR COUNT			
Pe	ennsylvania	U.S.A		WIDOWE		BALTIMOR				٨
	ALTIMORE		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		12h KIND C		
E	PALITHORE				S HOSPITAL	Microbio				
	AL RESIDENCE (IF NURSING HOME C		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	S / ZIP COD)E		
		.G.	Lanham		YES NO	6318 Cip			706	
4 FA	ATHER'S NAME		1.12		15 MOTHER'S MAIDEN NA					
Ge	FIRST	WIDDIE	Aulisio		Rose	MIDDLE		Chell		
6a V	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECUR		17. INFORMANT	ADD	RESS Ad	dress S		as
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	191-18-1	1619	Mrs. Marguer	rite M. Au	lisio	No# 13e	•	
	18 CAUSE OF DEATH (Enter of	only ane cause per	line far (a), (b), and	l (c).)				BETWEEN	MATE INTE	
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Bleevin	a - 1	gastro intestin	al- Mass	ive	41/2	- hou	es
	DATA COLO		R AS A CONSEQUE	1	1					
	cause (a), stating the	1 12111-102 (2)	R AS A CONSEQUE	NCF OF						
7	underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION GI	IVEN IN PART I	a	_
ATION	underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	Ontributing to D	EATH BUT						D
AT	underlying cause last.	CONDITIONS CO	ONTRIBUTING TO D	OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED - 250ph. CA	INAL DISEASE OR CO	20b. IF YE	IVEN IN PART IN	NGS USE	TH?
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ERTIFICAT	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 19a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 118 EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED AT WORK NOTIFY AT WORK 22a I certify that (1) (this has	CONDITIONS CO	ONTRIBUTING TO D ITION FOR WHICH OF TO STREET OF INJURY MEET, FACTORY, OFFICE, FACTORY,	OPERATIO OPERATIO Y YEAR 19	210 LOCATION STREET 219 89	200 AUTOPSY? YES NO ERED (ENTER NATURE OF IN	20b. IF YE IN CERT Y HURY IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES	NGS USE OF DEA' NO	TH?
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CERTIFICAT	Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI 11E EITHER NOTHEY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that () (this has saw they deceased alive a above. () (we) I GLO (did in 22b) SIGNATURE LOWLY LOWL	CONDITIONS CO	ITION FOR WHICH OF NUTRY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE FA of decased from 19 19 10 19	OPERATIO Y YEAR 19 ARM.EIC)	211 LOCATION SIREE 219 89 nd that in my (aur) apinian a DEGREE ATTENDING PHYSICIAN	YES NO ER NATURE OF IN CITY OR . to DI 12/24 death occurred an the	20b. IF YE IN CERT Y LOWN LOWN date and ha	ES, WERE FINDIN IFYING CAUSES (ES	NGS USE OF DEA' NO [STATE (we) lo
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for with the State Dept. of He

IMPORTANT: If them 21 is marked an

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F#597 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

Items 18-22a 11/30/84 mtb F#597

- STATE

DHMH - 17 (VR A15 ME (5)) 20M 4/82 REGISTRAR

1879 & ELLINE FROM 1625 GREATER PROPERTY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed within 72 hours ofter deat with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remavel. IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other troumatic event, the medical examiner must be hapfiled at once. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

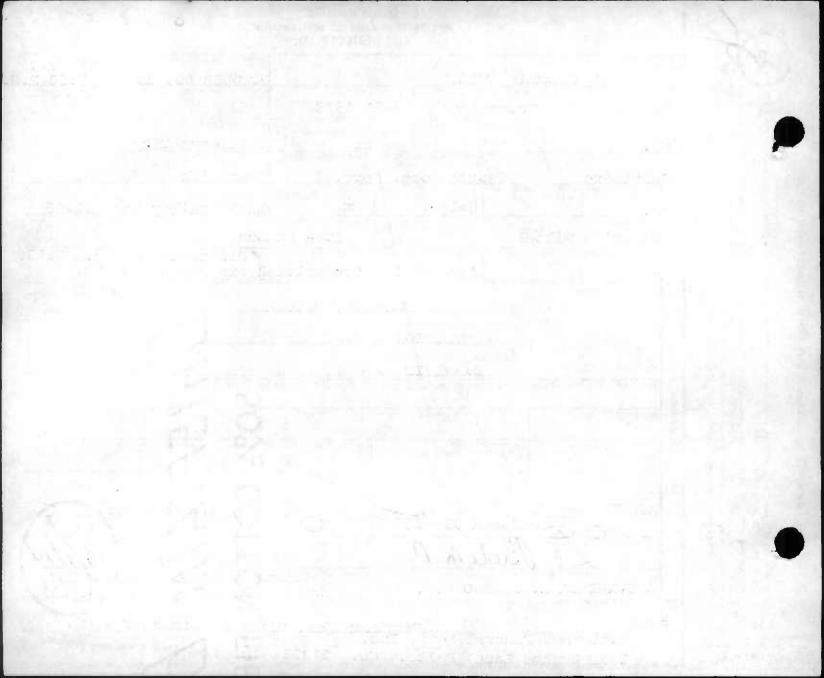
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

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1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTACHYG	IENE REG. N	0.	, 0		
	ECEASED NAME FIRST	М.	AYERS		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR 7:50	Du N
3. SI		4. RACE	11110	5. DATE (OF BIRTH	6. AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24	HRS.
	Female	Cauca	sian	6-1	16-1°9°23 YEAR	61	YRS	MONTHS DAYS	HOURS	MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED	Baltimore City of				MD.
	ITY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING I	12b. KIND C	F BUSINESS	
	Baltimore		urch Hos		Corp.	Housewife	2	Hor	ne	
130.	JAL RESIDENCE (IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION	13t. CITY OR TOW Balto.	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 1221 Fra:			21205	
	ather's NAME Frederick Bit	zel	LAST		15. MOTHER'S MAIDEN NAV	AMPRIE		LA	12	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	Reister				136
	no	,	218-12-3	3154	Frederick	Ayers 328	3 Ley		MATE INTERVA	
CERTIFICATION	Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS C		ENCE OF C DEATH BUT		INAL DISEASE OR CON		VEN IN PART 1		
TIFICA	THE DATE OF OPERATION	176. COND	IIIOI Y OK WIIICI	OFERALIC	N WAS TENTORMED	YES NO	IN CERT	IFYING CAUSES		?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	DE INJURY .M. MONTH DA .M.	AY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INSE	IRY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	JURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET					OWN	COUNTY	STAT	î E
	22e. I certify that (I) (this has saw the deceased alive-a above, (I) (we) Idio (pro n. 22b. SIGNATURE	OR PRINT)	Lo M. M	Ç TO B	DEGREE ATTENDING PHYSICIAN 22e ADDRESS CHUR	MEDICAL STA	FF CIAN AL C	ORPORA	rion	14.
22-	LUZVIMINDA BURIAL CREMATION REMOVA		ED O M.D.	VAME OF	100 NORTH	BROADWAY Test LOCATION	BALT	O., MD	. 212	231
	Burial, Cremation, Remova	10-6			reen Mem. Ga	CITY OR TOWN	inksh	ourg, l	Md. STAI	TE
	FUNERAL Schrimune NAME 3331 Bre	Funer	al Home	, In	C. 250 DAT	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	Mandale	
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DHMH - 16 50M 4/83 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	dia.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or retained by the haspital or attending physician.

injury, ar other traumatic event, the medical exam

eath. Page 4 may be

STATE OF MARYLAND

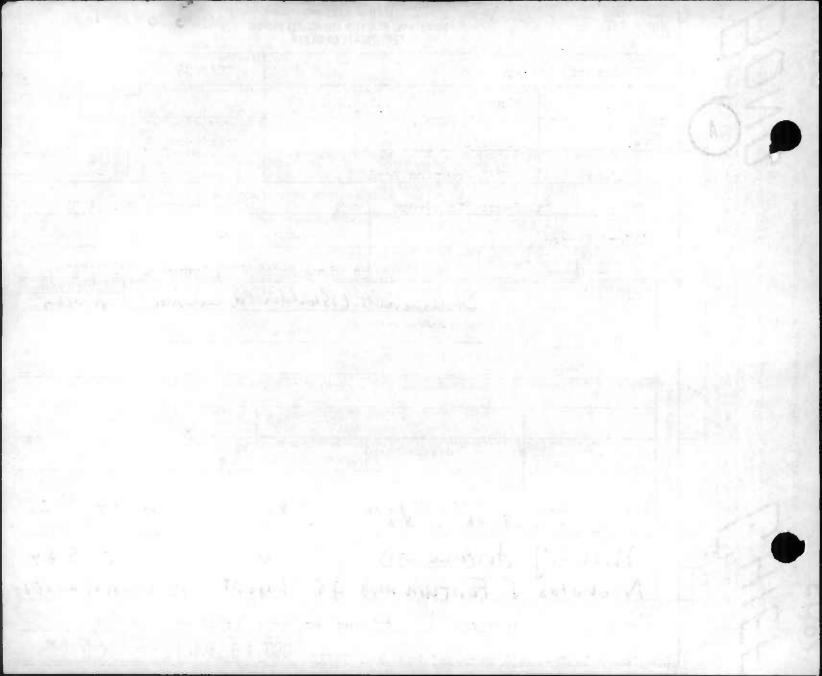
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			FICATE OF DEATH	REG. NO).		
I. DECEASED NAME FIRST (TYPE OR PRINT) Zemoria			LAST	10/8/84	MONTH DAY	YEAR	26 HOUR
3 SEX Female	Black	MON	OF BIRTH TH DAY 10/1900	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UN MONTH		F UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE STATE OR FOREIGN COUNTRY) Va.	75 CITIZEN OF WHAT CO	DUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OF Baltimor	COUNTY OF	DEATH	MD
Baltimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Seamstre	WORKING LIFE)	26. KIND OF NOUSTRY	BUSINESS OR
Md	AE OR OTHER INSTITUTION GIVE RESID OUNTY 13c. CITY	ence before admission OR TOWN 1timore	13d INSIDE CITY LIMITS? YES \(\text{YES} \) NO \(\text{NO} \)	13e STREET ADDRESS / 6732 Brom		. 2120	07
14. FATHER'S NAME FIRST Alford Savag		LAST		Spady MIDDLE		LAST	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	. ARMED FORCES? 16b SO(CIAL SECURITY NO.	Ms Diane Smit	ADDRES			
PART I. DEATH WAS CA	er only one couse per line for (USED BY: DIATE CAUSE (o)	Schwa	tel Blodde	· Carcino	na	BETWEEN OF	MATE INTERVAL NSET AND DEATH
	(c)		T NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	ITION GIVEN II	N PART IIo	
NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATI			TION WAS PERFORMED 200 AUTOPSY? YES NO X YES YES YES T			
	F DEATH HOUR A.M. MC	NTH DAY YEAR		RED (ENTER NATURE OF INJUR	FINITEM 18 PART I	OR PART 2)	
OR CONTRIBUTING CAUSE O IF EITHER NOTIFY MEDICAL EXAM 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJUI		211 LOCATION STREET	CITY OR TOV	VN (COUNTY	STATE
sow the deceased alive above, (I) (we) (did) (di	e an 9 - 28 d not) view the body ofter dec	19 84	ond that in (my) (euc) opinion	death occurred on the do			hat (I) (we) last auses stated
226. SIGNATURE 226. PHYSICIAN'S NAME (1	1. Fortun	in and	ATTENDING PHYSICIAN (MEDICAL STAF	F IAN	10-	9-84
Nichola	s J. For	THIN M	10 92 Cha	123d LOCATION	salto	Wel.	21202
236. BURIAL, CREMATION, REMO (SPECIFY) Burial	VAL 236. DATE 10/13/84		CEMETERY OR CREMATORY butus Mem Park	Baltimor			STATE
24 FUNERAL DIRECTOR	20 /611 Park U	ADDRESS	UC.	T 16 1984	A REGISTRAR	S SIGNATURA	indell.

Law Funeral Home 4611 Park Heights Ave. 21215

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



	100	1	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after distributed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral difficial should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages f and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9.00
	deoth	his 73	32
_	off	± p	5
2120	Pours	in by	Pe P
AND	n 24	filled	2
ARYL	w th	oletely nd 2 s	medical exchainer must be notify
χ. Σ.	cuted	COM	8
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BALI	cote	hysicio popers avai.	nt, the
N ST.	certif	rbang rem	ic eve
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	death	ottend ove co	OE no
× ×	t the	e remo	ther tr
201	es tha	pleos priol,	0 0 0
RDS,	equir	Then r to b	injury
RECO	, IOW	ermit.	S ony
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21	TTEN	for us	21 is
	OR A	DiREC Sched Dept.	f Item
	PITAL by th	ERAL e dete Stote	Z -
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be notified to more
	0 e	5 4 ₹	₹-

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGIENE
CENTIFICATE OF DEATH

2	6	6	1	2
(Com	9	•		

		REGISTRAR				CERIII	ICATE OF D	EATH		REG. NO).			
		CEASED NAME OR PRINTS DOF	oth		MIDDIE	Ba	ker	2	2a DATE O	F DEATH	O-29	4-87	12 G	PM
	3. SEX	emale	4.	RACE	k	5. DATE C	of BIRTH	3 Î	6. AGE (IN	years last birt		UNDER TYEAR	IF UNDER 24 HOURS	HRS MIN.
In BIRTHPLACE (STATE OR FOREIGN 71) COUNTRY) MD			U	WHAT COUNTRY?	MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DE			e c	ety	MD.	
7	1	BULLINUS DE A		Prov	HOSPITAL, NURSIN HFACILITY, GIVE STREET ident H	ospi		ITUTION		OCCUPATION FOR MOST OF	ON FWORKING LIFE)		F BUSINESS	OR
5	ÜSUA 13a. S	AL RESIDENCE (IF NURS) STATE MD	13b. COUNT		Baltim	N	13d INSIDE C			ADDRESS /	ZIP CODE dbrook	Ave	. 212	217
	14. FA	Raymond		DDIE	Barber			s maiden nam seanna		WIDDIE		Barb	er	
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	213-30		Jose		Smit	h 402			Dr.	
	ATION	Conditions, if ony, gove rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the last	ONDITIONS CO		DEATH BUT	NOT RELATED	h ass	INAL DISEAS	SE OR COME	Pepte	IN PART OF	er Di	Has
1	CERTIFICATION					OFERATIO			YES 🗌	NO	IN CERTIFYII YES	NG CAUSES		-
1	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING C LIFETHER, NOTIFY MEDIC	AUSE OF DEATH	P.,	M. MONTH D. M.	AY YEAR		JURY OCCURR	RED (ENTERN.	ATURE OF INJUR	Y IN ITEM TO PART	I I ORPAŘI 2)		
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	3111	21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATIO			CITY OR TOV	MN .	COUNTY	STAT	TE
		27a I certify that (1) saw the decease above, (1) (we) (c	d alive on_	oct	24 19			(our) apinion d	death occurre	ed on the do	ite and haur a	ind from the		
		71 ANGLE	lin f	sike C	addisc	nm		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		22¢ DATE	SIGNED	
1		Frankl	IN JI	Ada	won	mo	22e ADDRES	S						Į,
1	(BURIAL, CREMATION, (SPECIFY)Burial	REMOVAL	23b. DATE 10/29			thedr	al Cem		altim		COUNTY	MD ^{STAT}	TE.
		Wm. C. M	arch	F/H	1101 E.	Nort	ch Ave		- 0 0	984	196 BEGISTRA		undelle.	,

requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be TOMOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burnal, cremotion, or removal.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

with the State Dept. at health and memory your property or other traumatic event, the medical examples of them 21 is marked or hem 18 shows ony injury, or other traumatic event, the medical examples of them.

STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCHENE

26673

1 - STATE REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
(TYPE OR PRINT) WAUN	c 3	BALDWIN	00	+ 27, 1984 7:10 PM
3. SEX		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
MAle		SCP, 26, 1949	35	YRS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
Ma.	1 / L M	OWED DIVORCED	DALTO	. CITY MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATIO	
DAHIMORE	TRANCIS SCOTT	Key M.C.	HANDICA	LPPET HANDICAPP
USUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINTY	13d INSIDE CITY LIMITS?	13e, STREET, ADDRESS,	Aven Street
FATHER'S NAME FIRST MERCES MA	MIDDLE XI. PO I BALDWIN	15. MOTHER'S MAIDEN NA	ME	10.55
	MED FORCES? 166 SOCIAL SECURITY N	NO. 17 INFORMANT	ADDRES	144 NORTH
(YES, NO O UNKNOWN) (IF YES, GIT	\$ 13 -52-069	12 MRS. Ren	A Boldin	in HAVENST, 212.
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c) !	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE (0) Card (0 DC	elemonary arrest	<u> </u>	
Candlein of the Line	DUE TO, OR AS A CONSEQUENCE	/	1 1.	2 /000
Conditions, if any, which gove rise to immediate	(b) AQUIF I	espiratory dis	tren sanar	ame a any
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	eners impert	Fecto	35 WW.
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH			TION GIVEN IN PART 1(5
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
X			YES NO	YES NO NO
00.000.000.000.00	110.10.00	EAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
S (IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
UP CONTRIBUTING CAUSE OF DE-	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
22a. I certify that (I) (this hospi	(fol) ottended the deceased Irom	oct 27 19 80	6, 10 Oct 2) 19 59 , that (I) (ye) last
sow the deceased alive an above, (1) (ve) (did) (did no	OC+ 20 19 54	_, and that in (my) (an) apinion	death accurred on the date	and hour and from the causes stated
226 SIGNATURE)	DEGREE		22 DATE SIGNED
11	MRY Mu	MO PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NB/62/01/8A
2 1 1	OR PRINT)	22e ADDRESS	10	D /1.
Kobert	Strumpt	600 W.	Wolfe Stn	eet Beltimon MD
BURIAL, CREMATION, REMOVAL	23b DATE 23c NAME	41 17 1	23d LOCATION	COUNTY
FUNERAL DIRECTOR	OCT 31, 1984 UN	YAWN CEMETER		Ma
TONERAL DIRECTOR	7 ADDAGE	3 SOUTH TO DAY	REC'D. BY REGISTRARIAS	REGISTRAR'S SIGNATURE

STATE OF MARYLAND

6 6

1.	- STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	10.		
	CEASED NAME E OR PRINT)	HAR		A.	B	ANNAN	2a DATE OF DEATH	10 9	SV YEAR	26 HOUR 2. 30A
3 SE	* MME	5	White		5. DATE C		6 AGE (IN YEARS LAST B	YRS.	HS DAYS	IF UNDER 24 HR
70 B	IRTHPLACE (STATE OR F	FOREIGN 7b	U.S	·A.	8. MARRIEI WIDOWE	DI NEVER MARRIED X	9 BALTIMORE CITY		DEATH	-
Ba	ITY OR TOWN OF DEA		(IFNOT IN SUCI	EACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Office Wor	OF WORKING LIFE)	NDUSTRY	Steel
130 S Ma	AL RESIDENCE (IF NURS STATE Aryland	136 COUNTY	er institution	GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimos	N	134 INSIDE CITY LIMITS? YES X NO	13e street address 1631 Park	Avenue	212	217
H. FA	ATHER'S NAME FIRST Wi	11iam	Banna	n LAST		15 MOTHER'S MAIDEN NA FIRST	annah C.		LAS	ī
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED	R OR DATEST	166 SOCIAL SECU 213 09 08		Wilbur Hodge	es 1631 Par			21217
	18 CAUSE OF DEATH PART I, DEATH W	H (Enter only o 'AS CAUSED B' IMMEDIATE C	y. AUSE (0)		2010	RESPIR		RFEST	BETWEEN	MATE INTERVAL ONSET AND DEAT
	Conditions, if ony, gove rise to imm cause (a), statin underlying couse	nediote ig the lost	DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	idition given i	N PART 1(c	
CERTIFICATION	190. DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	G CAUSES	GS USED OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH	216 TIME OF HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d INJURY OCCURE	OLE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, EYC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	27a 1 certify that (I) sow the decease above, (I) (we) (a				, on	d that in (my) (our) opinion	, to death occurred on the c	ote and hour and	d from the i	
	ME SIGNATURE	SI	Our	us	ws	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		10/0	7/ fy
	226 PHYSICIAN'S NA			CHET	D	270 ADDRESS LUTTI	ROW	WOSP	1000	
230 E	BURIAL, CREMATION, (SPECIFY)	REMOVAL 2	3b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers: Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

Burgee-Henss Funeral Home, P.A. Baltimore, Md.

OCT 1 1 1984 Julia Davidson-Randsee

and campletely filled in the I And 2 should be !!! STATE OF MARYLAND

2501 Gwynns Falls Parkway

Funeral Home Inc. Balto Md. 21216

2	5	5	1	3.0 44

- STATE				DEPART		ICATE OF	DEATH	GRENE	6-10		112		
REGISTRAR		FIRST		MIDDLE		LAST	PLATII	Zo DAT	REG.		DAY	YEAR	25 HOUR
(TYPE OR PRINT)	0	had			Q			10 DA	LOIDEAIN	10	20	84	750
3. SEX			RACE	Brown	5. DATE (10+0C	1	4 ACE	(IN YEARS LAST	10		ER 1 YEAR	IF UNITER 24 HRS
_			C	-	MONT		YEAR	le AGE	/ O	DIRTHUATI	MONTHS	DAYS	HOURS MIN
	nale			≥lack	1 4	10	1.5		67	YR:			
COUNTRY	STATE OR FO	REIGN 7	6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVE	R MARRIED	BALI	IMORE CITY	OR COUN	NTY OF D	EATH	
Maryland			U.S.		WIDOWI		DIVORCED [timor				MD
10 CITY OR TOWN		Н		HOSPITAL, NURSI CHEACILITY, GIVE STREE		OR OTHER IN	ISTITUTION		WORK FOR MOS			. KIND O	F BUSINESS OR
Baltimor			hu	Theran	H	000	etal	Hot	sewif	e		Н	ome
USUAL RESIDENCE	E (IF NURSIN	3b. COUN	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	1 13d INSIDE	CITY LIMITS?	13e STR	EET ADDRES	614	Wildw	boos	Parkway
Marylar	nd	6		Baltim	ore	YES 💢	NO 🗌		imore		vland		
14. FATHER'S NAM	۸E		IDDLE	LAST		15 MOTHE	R'S MAIDEN N	AME	WIDDLE			{AS	
Geor	rge		N.	Brow	n		Mary		F.			Bro	
60 WAS DECEAS			NED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORA	TUR		614 ^{AD}	Vildw	ood F		
No.	NOWIN)	10 123, 0112	WAN ON DATES	216-24-	6890	Duboi	s M. Ba	nton		. Md			-1
18 CAUSE O	OF DEATH	Enter only	one couse per	line for (a), (b), or	nd (c).)							APPROXI	MATE INTERVAL DISET AND DEATH
PART I. [DEATH WA		BY: CAUSE (p)	Arula	hu	1000	1 dind	h	Lan	tres			
	- 17	MMEDIATE				7		-/-	1				
			DUE TO, O	r as a consequ	JENCE OF				/				
	, if ony, to imme		(b)_										
couse (o	, stoting	the	DUE TO, O	R AS A CONSEQU	JENCE OF								
underlying	couse	lost	((c)_						- C				
	HER SIGNI	FICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TER	MINALDIS	EASE OR CO	NOITION	GIVEN IN	PART In	3
NO DATE OF PAGE AND ACCIDEN													
N 190 DATE OF	FOPERATION	ON	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PER	ORMED	20a A	UTOPSY?				GS USED
Ē								YES	NO	Y IN CE	YES	CAUSES	OF DEATH?
21a. ACCIDEN	T WAS UNDER	RLYING	21b. TIME O			21c HOW	INJURY OCCU	RRED (ENT	ER NATURE OF IT	JURY IN ITEM	18 PART I OF	R PART 2)	
OR CONTRIBU	ITING CA		HOUR A.	M. MONTH D	DAY YEAR	100							
OR CONTRIBU			21e PLACE	OF INJURY		21f. LOCA			2000				
WHILE AT WORK	NOT WHILE	E 🗍	(AT HOME, STR	REET FACTORY, OFFICE,	FARM, ETC)	STRI	EET		CITY DA	7	CC	YTAUC	STATE
	AT WORK		al) repended th	e deceased from.	10	1/12	10	77 10	10	120	10/	4	that (I) (we) last
sow the	e decessed	olive on	10/2v	19	From	nd that in Im	y) (our) opinion	n death acc	urred on the	date and l	hour and f	7	
obove,	(1) (we) (did	d) (did not	view INe body	ofter death.		DEGREE	77 (00.7 0)		on en	doic ond		2c. DATE	
1	Tarra		6-1			DEGREE	ATTENDING	MEDIC	CAL SI	AFF .	1	, A	SIGNED
16	run	ps	eme	uun			PHYSICIAN		OR PHY			10/0	0/20
22£ PHYMC	ANSNA	WE THE ON	11			22e ADDR	ESS						
	In	7/2	ab	reman	non				Pil				
DE BURIAL CREA	NATION, R	IAVOME	236 DATE	231	NAME OF C	EMETERY O	R CREMATORY	23d. L	OCATION CITY OF TOWN		- Later on the		and the second
	urial	1	10/25/	1984 M	arylar	d Nat	. Mem.	Pk.	Laure	· delia	David	oon Ma	Fyland
24 NULTE LIRE	& Son	S	2501 G	wynns Fa				TE RECO		R b REG		SIGNAT	URE

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physicion.

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and ci should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages I with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar removal.

Brown

			lack		emale
	Baltimore City	X	.A.	U. S	Maryland
Home	Housewife				Baltimore
ldwood Parkway		×	Baltimore		Maryland
and 21229	Baltimore, Maryl	^	910//11116		Diblyland
Brown	P.	Mary	Brown	N.	George
_	614 Wildwoo ton Balto. Md.	Dubois M. Ban	216-24-6890		No.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

/	FOR
1 -	STATE
	REGISTRAR

STATE OF MARYLAND

10	2	6	7	6
2	0	5	69	13

1	STATE REGISTRAR		CERTIFICATE OF DEATH	KEG, NO.	
	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	The Dring of Bernit	YEAR 26 HOU
	ALE		BANYAS	10 7 84	1:451
3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	TYPAR IF UNDER
109	ALE	WHITE	MARCH 28 1914	1 17 0	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		- 9 BALTIMORE CITY OR COUNTY OF DEA	ATH
70	OUNIRY)	USA	WIDOWED DIVORCE		
Alg CI	Y OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTIO	ON 12a USUAL OCCUPATION 12b.	IND OF BUSINE
1 130	LTIMORE	VAMC BALTIMO		BENTO. C. POL. DIPT. C	TY CO
USUA	L RESIDENCE (IF NURS OM	LE OR OTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION)		2
13a. S	DM:	LTIMORE PARKY			4 ROA
	THER'S NAME	TILLOW HERVY	15. MOTHER'S MAID		7-1 1/0 PH
A1)	FIRST	MIDDLE LAST	FIRST	MIDDLE CO.	LAST
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		ADDRESS	DELIAK
N Y	ES NO OR UNKNOWN) LIE YES	GIVE WAR OR DATES)			
		MIT 312 18	7440 FAM	iny RECORDS	APPROXIMATE INTER
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line for (o), (b USED BY:	11 - 1	BE	TWEEN ONSET AND
		DIATE CAUSE (0) COLOCI	ac Arrest		
		DUE TO, OR AS A CONSE	QUENCE OF	1.	1
	Conditions, if ony, which gove rise to immediate		tatez Colon (·a.	1418.
	couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF		1
	underlying couse lost	((c)			
Z O	PART 2 OTHER SIGNIFICAT	nt conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE	FINDINGS USE
7 E				YES NON YES T	NO [
H	210. ACCIDENT WAS UNDERLYING			OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR	ART 2)
	OR CONTRIBUTING CAUSE OF		DAY YEAR		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) P.M. 21e PLACE OF INJURY	211 LOCATION		
		(AT HOME STREET, FACTORY, OF	ICE, FARM, ETC.) STREET	(ITY OR TOWN COU	INTY S
¥	WHILE NOT WHILE				
ME	AT WORK NOT WHILE AT WORK	ospital) attended the deceased fro	m 6/15 108	84 +10/7 1-84	the XX (s
WE	220 I certify tho XTX (this has sow the deceased alive				
WE	220 I certify tho XIX (this he sow the deceased alive	ospitol) offended the deceosed from 10/7.	9 <u>84</u> , and that XXXX (our) a	pinion death occurred on the date and hour and Iro	om the couses sto
WE	220 I certify tho XTX (this has sow the deceased alive	e on 10/7	9 84 , and that XXXX (our) of DEGREE	opinion death occurred on the date and hour and Irr	
ME	22e.1 certify tho XIX (this h sow the deceosed olive above XIX (was) (did XIX 7th SIO) (ATURK	e on 10/7 You way the body ofter death.	9 84 ond that XXXX (our) of DEGREE ATTEND PHYSIC	opinion death occurred on the date and hour and Irr	om the couses sto
WE	22e.1 certify tho XIX (this h sow the deceased alive about X (with I did XX 21b SIO) (ATUM)	e on 10/7 1009 we've the body ofter death.	9 84 ond that XXXX (our) of DEGREE ATTEND PHYSIC	DING MEDICAL STAFF	DATE SIGNED
/	220.1 certify tho XIX (this has a saw the deceased olive the saw the deceased olive the saw th	e on 10/7 3001 we've the body ofter death.	DEGREE ATTENDE PHYSIC 22e ADDRESS 3900 LOCE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN H RAVEN BLVD. BALTO. MD.	DATE SIGNED
73a. B	220.1 certify tho XIX (this has a with deceased alive above XIX (was) (did XIX) (the XIX (the XIX) (the XI	e on 10/7 16991 we've the body ofter death.	DEGREE ATTENE PHYSIC 22e ADDRESS 3900 LOCK	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN H RAVEN BLVD. BALTO. MD.	DATE SIGNED 7/8 21218
73e. B	220.1 certify tho XIX (this h sow the deceased clive plant (with idea) of the SICHATUM	e on 10/7 3001 we've the body ofter death.	DEGREE ATTEND PHYSIC 120 ADDRESS 3900 LOCK ANAME OF CEMETERY OR CREMA	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN H RAVEN BLVD. BALTO. MD.	DATE SIGNED O 7/8 21218



within 24 hours ofter

executed

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the haspital ar attending physician

	FOR			DEDAG		E OF MARYLAND	a al	2 6	0	11		
1.	- STATE			ULPAR		ICATE OF DEATH	GIENE					
1 00	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	2a DATE OF	REG. NO	O. MONTH DAY	Y YEAR	2b. HOUR	
	E OR PRINT)						Za DATE OF				26. HOUR	
	Hu	NUE		m	BA	RBARINO	iko		0 11	64	10.15 6	M
3. SE	X		4. RACE		5. DATE C		6 AGE (INY	EARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR	
	Female		Whi	te	00		6.5		YRS.			
	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED.	9 BALTIMO	RE CITY O	R COUNTY O	FDEATH		
	Balto M		USA		WIDOW		BALT	1 mo	RE C	ITY	,	MD.
10. C	ITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120 USUAL C				F BUSINESS C	R
3	ALTIMIRE	177	MER	CH FACILITY, GIVE STR	SPITAL		Beaux		WORKING LIFE)	RODUSTRY	thomas	
USU	AL RESIDENCE HE NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)			0	217-1	^	ty Salo	00
130	STATE	136. COUN	17 C. C. T.	13c. CITY OR TO		134. INSIDE CITY LIMITS?	130. STREET /		BELA		ty saw	11
14 F	ATHER'S NAME	04101	-1611	SAL		15. MOTHER'S MAIDEN N	1 1		D C CH	(Ic- Km	V	
	FIRST	Frank	Barba	rino LAST			Pennie V	espec	00	LAS	iΤ	
	WAS DECEASED EVER			166. SOCIAL SE	CURITY NO.	17. INFORMANT	170,711	ADDRE	55	7 11 1		
(YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	214-18	3-9775	140501701	Regis	teti	in s	Lee+		
	18 CAUSE OF DEAT	U (Enter on	lu one coure ne							APPROX	MATE INTERVAL ONSET AND DEAT	· M
	PART I. DEATH W	AS CAUSE	D BY:	Covd		Arrat				DC1WC1N	ONSET AND DEAT	
		IMMEDIAT	E CAUSE (o)	C 4 C1	100	7,7			77			-
	Vanada and a		DUE TO, C	OR AS A CONSEC	DUENCE OF	en din	1.1			-		
	Conditions, if any, gave rise to imm		(b)_	200		ordwingop	THY					_
	cause (a), statin	g the	DUE TO, C	OR AS A CONSEC	DUENCE OF							
	onderlying coose	1051.	(c)_									
_	PART 2. OTHER SIGN	HIFICANTO	ONDITIONS	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	E OR CONE	DITION GIVEN	IN PART 1	0	
CERTIFICATION								- 63	3 1 5			
S	19a DATE OF OPERA	ION	196 CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTC	PSY?	20b. IF YES, V		OF DEATH?	
TE							YES 🗌	NOD	YES		NO 🗆	
CER	210. ACCIDENT WAS UND	DERLYING _		OF INJURY		21c. HOW INJURY OCCUI	RRED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)		
AL	OR CONTRIBUTING		141	.M. MONTH								
MEDICAL	11 EITHER, NOTHY MEDIC			OF INJURY	19	21f. LOCATION						_
ME			I AT HOME, S	TREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WO							101		0.1		
	22a I certify that (I)			he deceased from	m _ 101	19 8	to	10/	. 19		that (I) (we) la	ost
	saw the decease above, (1) (we) (c	ed alive on did) (did na		y after death	84.0	nd that in (my) (our) opinion	n deoth occurre	d on the do	ite and hour o	and from the	couses stated	-1
	226. SIGNATURE					DEGREE			1 1- 3.	22c. DATE	SIGNED	-3
	1	Soch	m m	S		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	IAN	110/	11144	
	22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			22e. ADDRESS						
	D. S.	han	w m	D		225. Gra	ne 5	T .	BALT	me	12120	16
23~	BURIAL, CREMATION,		123b DATE	1	NAME OF C	EMETERY OR CREMATORY	23d LOCA	TION				- (
200	Entombre	n L	10-1	- 01		eu Valleu (em	City	ORTOWN	sville,	LINO	STATE	
24 F	UNERAL DIRECTOR	itt	10-1)-01	buxane		ATE REC'D BY R	EGISTRADI	25h REGISTE	R'S SIGNIAT	TURE	_

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other troumatic event, the medical exam

Miller Inc. 6415 Belair Rd. -21206

OCT 1 6 1984 a Davidson-Handalle

Someting to town Beauty Jalon onic see oni ringing inionment 10-15-4 Tulence Valley Com TOTAL STREET on sille inc. 115 velvia 1:-10

	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	5 7	8		
de oth		CEASED NAME F OR PRINT)	Mar	4	IDDLE	Bark	ler .	20. DATE OF DEATH MONTH DAY YEAR 26 HO				
hours offer death	3. SE)	F	4	RACE W		5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.	HS DAYS	FUNDER 74 HRS.	
within 72 hou	Col	orado Siate Oreone		(,)	VHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	ity		MD	
1/2	Ba	TY OR TOWN OF DEATH		Sinai	Hosp.	ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker		2b KIND OF I	BUSINESS OR	
35	USU A 13a S	AL RESIDENCE (IF NURSING TATE 131	HOME OR O		Balto.		136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 704 Benst		e 2	1210	
300		THER'S NAME	Ê	IDDLE	Randol		Mary FIRST	3)ddiw	Lee	LAST		
medicol		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (I		WAR OR DATES)	166 SOCIAL SECU 13-40-23		Dr. Randol	Barker, Bal	301		le Rd.	
han please remove carbango o burial, cremation, or remov jury, or other traumatic event	No	Conditions, it ony, w gove rise to immed couse (o), stofing underlying couse	MEDIATE hich liote the last	DUE TO, OR	as a conseque	NCE OF	in Suspected to be	•		IN PART 110		
ows ony in	CERTIFICATION	190 DATE OF OPERATIO	N	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFY IN	G CAUSES O		
e buriof-tronsification Mygrad or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	SE OF DEAT EXAMINERI	P.A 21e PLACE C	a. month da a.	19	216 HOW INJURY OCCURI 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		ORPART 2)	STATE	
ept of Health or them 21 is morke		wHIE NOT WHIE AT WORK 22a certify that (1) (the sow the deceased above, (1) (we) (did) 22b SIGNATURE	is hospite	10-22	19		784 19_84 and that in [my] (our) opinion DEGREE	to 10-722 death occurred on the de	. 19.			
ould be defound the Stote Del		226 PHYSICIAN'S NAM	E TYPE OR	PRINT) BEY	yer		ATTENDING PHYSICIAN [MEDICAL STAL		10-2	.2	
45 %		BURIAL, CREMATION, REA SPECIFY) Removal		236. DATE 10/22/		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	YIMUC	STATE	
6 50M 4/83 15, 4)	24. FU	INERAL DIRECTOR NAME Anato	omv B	oard	ADDRESS	Balto	. Md. 250 PAT	E REC'D. BY REGISTRAR 25 1984	0 ,	S SIGNATUI		

388732 S308A HED S 10006/84 K GLICK 1000

THE WAR SHEET 5 to the first percentage of the first convenience on the same

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1, and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, or removal.

MAPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical axa

net must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT OF HEALTH AND MENT OF DEATH

CERTIFICATE OF DEATH

26080

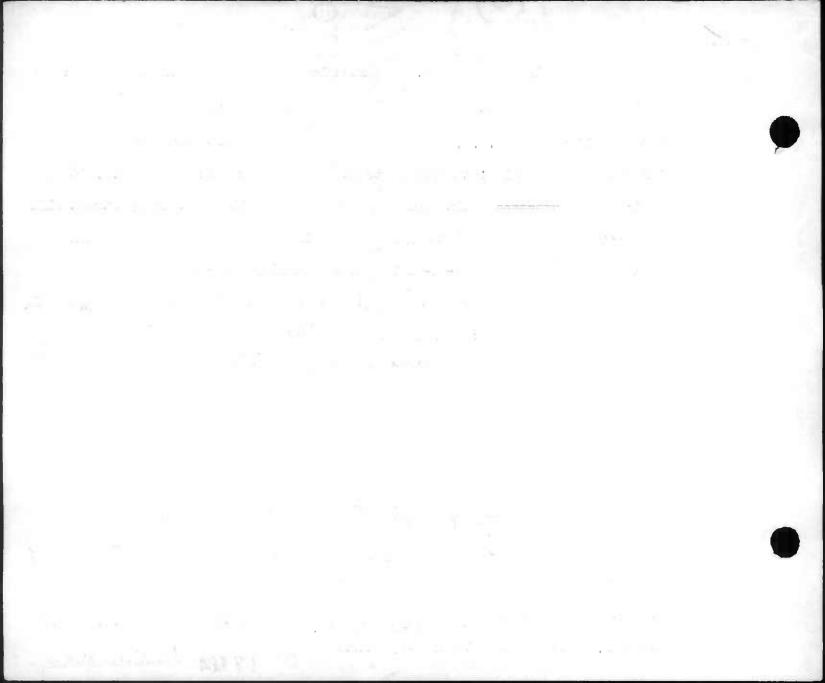
1.	- STATE REGISTRAR			DEF	CERTIF	ICATE OF D	EATH	REG.	NO.				
	CEASED NAME E OR PRINT)	Arvi		MIDDLE		Batchel		20 DATE OF DEATH	10	13	84	26 HOU 9:2	
3. SE	Х	4.	RACE		S. DATE C		11	AGE IN YEARS LAST	BIRTHDAY	# UND	ER I YEAR	IF UNDER	24 HRS
	Male		Whi	te	10	16	60	74	YR5		DAYS	HOURS 1	MIN.
7a. B	IRTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	NEVER M	APPIED D	BALTIMORE CITY	OR COUN	ITY OF D	EATH		
	orth Carol	ina	U.	S.A.	WIDOWE		ORCED	Baltim	ore C	ity			MD.
10. C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NU	JRSING HOME C	R OTHER INSTI		120 USUAL OCCUPA			KIND O	F BUSINE	ESS OR
Ba	ltimore		ll W	est Jei	ffrey St	reet		Mechanic INDUSTRY U.S. Steel					
13a	AL RESIDENCE (IF NURS STATE aryland	136 COUNT		13c. CITY OR Baltir	TOWN	13d. INSIDE CIT	TY LIMITS? 1	3e.STREET ADDRESS	Jeff	rey	Stre	et 2	1225
14. F/	ATHER'S NAME	MI	DDLE	LAS			MAIDEN NAME	E			1.65	ı	
	Pharoh	771,0	JOH.	Bato	chelor	E	ula	, mode			Pe	ele	
16a \	WAS DECEASED EVER		ED FORCES?		SECURITY NO.	17 INFORMAN			RESS				
	YES, NO OR UNKNOWN)	1120.0	and on one of	239-22	2-4147	Olga B	atchelo	r Same a	s 13e				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate couse (a), stating the DUE 10, ONAS A CONSEQUENCE OF								2	DETWEEN C	MATE INTEL	TO.	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CO			ontributing	wai		NAL DISEASE OR CO	20b. IF	YES, WER	E FINDIN	IGS USE		
FF								YES TO NOT	IN CER	YES 🗀	CAUSES	OF DEAT	
MEDICAL CER	210. ACCIDENT WAS UNION CONTRIBUTING 1. (IF EITHER NOTIFY MEDION OCCUR.)	CAUSE OF DEATH CALEXAMINER) RED	P 21e. PLACE	.M. MONTH .M. OF INJURY	DAY YEAR 19	21t HOW INJ		D (ENTER NATURE OF IN			R PART 2)		STATE
	27a.1 certify that (1) sow the decease above, (1) (we) (1) 27b. SIGNATURE	(this hospita	l) attended the	ofter death.	.19 &	d that in (my) (our) opinion de	to 0 =	date and l	nour and	- /	SIGNED	oted
		1111	Wen	1	M.O.	A P	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [10-	(4-	-84
	E.H.	Wei G	PRINT)			606		A 1 -	sa c	-2	-12:	25	
	BURIAL, CREMATION,	REMOVAL	236. DATE 10/17	/84	23c. NAME OF C			Baltimor	е	A	A.		Mď

BP______ DHMH - 16 50M 4/

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchies: Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OCT 17 7004 Hulia Kavidan Bonden



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	-	1	8
2	0	0	0

- 1	0	REGISTRAR			CEKIII	ICAIL OF D	AIH	REG. NO.		CC 7 107 1 24
		CEASED NAME FIR	ST /	MIOOLE	· ·	AST		2a. DATE OF DEATH MONTH	OAY YEAR	26 HOUR
1	(TYPE	LESI	LIE LES	ROY	BATEM			10-21-84		2:58 P _M
	3 SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS UAYS	IF UNDER 24 HRS HOURS MIN.
И	1	MALE	W		12	6	14	69 YRS.		
3		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	2	D. UEUED		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
2	M	Maryland	U.S.		WIDOWE		ORCED	Baltimore Cit	у	MD.
2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	TUTION	120 USUAL OCCUPATION		OF BUSINESS OR
2	1	altimore	St. Agr	nes Hospi	tal			Delivery Man		ostat
1		AL RESIDENCE HE NURSING HE	OME OR OTHER INSTITUTION.	13c. CITY OR TOW		1 13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS / ZIP COL	€ 21228	
2	Ma	ryland	Baltimore	Catonsv	ille	YES 🗌	K ON	801 N. Winters	Lane Ap	t. 430
0	H FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S		AE MIDDLE	LAS	
H	/	Samue1	L.	Batema	an	1	Alice	WINDLE		romm
6		VAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17. INFORMAN	NT The	ADDRESS		
1	IY	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR OATES)	218-03-0	2038	Ethel	Johnso		1228	Ant //28
			. 1			Dener	JOHILSO	II OUT II, WINCE		MATE INTERVAL ONSET AND DEATH
А		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	AUSED BY:	-	rdi	hulm	MARM	1 arrest	BETWEEN	ONSET AND DEATH
	2	IMM	EDIATE CAUSE (0)		71 000	· pacconn	0-0			
			DUE TO, O	R AS A CONSEQUE	NCE OF	-atic	a. ("	lan & metast		
		Conditions, if ony, whi gave rise to immedia		MIS	LOST	auc	<u></u>	4 1		
П		cause (a), stating t		R AS A CONSEQUE	NCE OF			to live		
	20		(c)							
H	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONDITION G	VEN IN PART TO	a
_	CERTIFICATION	19a DATE OF OPERATION	LINE COND	ITION FOR WHICH	OPEDATIO	NI MAYA S DEDECOR	MAED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDIN	NGS LISED
/	PIC.	In la calcan	196 COND	DF)		lass	MED	IN CERT	IFYING CAUSES	OF DEATH?
	ET.	10/18/84	Q		Co	00.	LIDY O CCURR		ES	NO 🗌
1		210. ACCIDENT WAS UNDERLY!		M. MONTH DA	Y YEAR	ZIC HOW IN	URT OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
7	CA	LIF EITHER, NOTIFY MEDICALEX	(AMINER) P.	M.	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC 1	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
S	~	E NOT WHILE								
ż		22a I certify that (1) (this					. 19	, to 10 21		that (I) (we) last
7	00	sow the deceased all above. (1) (we) (did) (ive on	ofter death	<u> </u>	nd that in (my) (aur) opinian d	leath occurred an the date and ho	iur and fram the	causes stated
		226. SIGNATURE				DEGREE	U.J.	Negete Laure IVIII	22c. DATE	SIGNED
Ħ		Con Con	val				HYSICIAN F	MEDICAL STAFF	10/	21/84
Г		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			72e ADDRESS				7
		DR GARRISO	ON			St.	Agnes 1	Hospital		
		BURIAL, CREMATION, REM	OVAL 236. DATE	23c	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		
7	-	Buria1	10/23	/84 We	sterr	Cemete	ry	Baltimore	COUNTY	Maryland
	24. FL	UNERAL DIRECTOR			21229		-	REC'D. BY REGISTRAR 156 REGIS	JRAR'S SIGNAT	TUDE
	Hul	bbard Funera	1 Home. In	c. 4107 W	_		DOT	2.4 1984 Julian	lavidson-h	Minera
		WALVE W						AA TI INIII		

DHMH - 16 50M 4/83 (VRA 15, 4)

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				in the same		
		The State of			WOOTSELD BY	
Anicycpia.		17603710			521.600	

OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

TO HOSPITAL

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examples of

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

from .	6	0	3	2

	REGISTRAR		CERTII	CAIL OF PLATE	REG. NO	D.		
	CEASED NAME FIRST	WIDDLE	t t	AST			AY YEAR	26 HOUR
TYPE	Pauline	7	809	has	10/141	84		6 4
3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24
-	1	white	MONTH	DAY YEAR	S		ONTHS DATS	HOURS A
	temale			-13-03	8-1	YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
		USA	WIDOWE	DIVORCED [12(+. c	٤, +-	1	
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND C	OF BUSINESS
49	elt city			7 2400	Homemal		7	
		OTHER INSTITUTION, GIVE RESIDENCE BEFORE			1			
	STATE 136. COUR	13 CITY OR TOW	N	YES NO	13e. STREET ADDRESS	ANN	1 S F	-2123
	ATHER'S NAME	11397	,	15. MOTHER'S MAIDEN NA	, , ,	17101	0 .	
	FIRST	MIDDLE		FIRST	Unknown		LAS	Té
16 14	Unkno		IDITY NO	11 NISOBMANIA	ADDRE	cc		
		/E WAR OR DATES)		17 INFORMANT				160
	no	216242	278/	w Knd	RN Sut	sn p		m dus
	18 CAUSE OF DEATH Enter or	nly one cause per line for (a), (b), and				11/2	BETWEEN	ONSET AND DI
	PART I. DEATH WAS CAUSE	TE CAUSE (a) Caul	is -10	sewatry a	NEST		3.	1 um
		DUE TO, OR AS A CONSEQUE			7 7 7 7 7			
	couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 1	a
O		Sturio						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
TIFI	6.9				YES NO	YES		NO [
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STA
	AT WORK		10	0.1	75	14.6	61	
	sow the deceased alive on	ital) ottended the deceosed from_	Con	19 84	, to	74		that) (we
	(l) (we) (did) (did no	ot) view the body after death.	, , ,	d that in (my) (our) opinion o	deuth occurred on the do	ite ond hour		
	226 FIGNATURE	0		DEGREE	MEDICAL CT.		22c. DATE	SIGNED
	Jaime / 11	n zalan		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	101	1016.
	224 PHY SICIAN'S NAME STYPE O	PRINT)		22e ADDRESS	11	10		7
	VAIME	PUNZALAI)	5214	Harfn 1) va	1 /50	els. n	nj)
23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	100		
	(SPECIFY) Burial				CITY OR TOWN		COUNTY	STA
24 EI	UNERAL DIRECTOR	10/19/84 Sc	ared l	Heart of Jesus				Md.
		ADDRESS		250. DA1	E REC'D. BY REGISTRAR		Jary Chon	70.7
MI	itchell-Wiedefe	ld 6500 Yor	k Rd.	U	UI 1 8 1984		And I MONA	1 .10

1 m 5 - Bush bush Seven Asses 3-Leene Tun zalon SAN HOUSE I POLE INST CHALLEGED FALLE STATES IN THE STATE OF THE STATES OF THE STA lite ell-midde ale appropriate

BP_____

(VR A15 ME (5)) 20M 4/B2

	OR				LI AKIMLITI OI		H AND MENTAL H	-	6500	0 0			
- 5	TATE			MED	ICAL EXAMI	VER'S	CERTIFICATE C	OF DEA	DE/	S. NO.			
	EASED NAM	NE.	FIRST		WIDDLE		LAST	7	a DATE KNOW		QAY	YEAR	26 HO
(TYPE	OR PRINT)	R	OSLYN	Z	ORAH	BA	YSMORE		OF ESTI-		20	9 84	
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	y or town		CIF	NOT IN SUCH FAC	ITAL, NURSING HOM ILITY GIVE STREET AGGRESS! COTT KEY M				AL OCCUPATION OST OF WORKING LIFE		OR	D OF BU	SA.
3a ST		136			RESIDENCE BEFORE ADMISS 134 CITY OR TOWN BALTIMORE	SION)	13d INSIDE CITY LIMITS? YES X NO	13e STRE	ET ADDRESS 57		ELWO	OD C	IRCI
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6a W	AS DECEASI	ED EVER IN	U.S. ARMED FO YES, GIVE WAR OR I		166 SOCIAL SECUR	TY NO.	17. INFORMANT	DAMO		RESS 4307	Loc	h Ra	
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A .3 .1 CHAPTERS

T. J. T. C. U

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRA	·R			CERTIFICAT	LULD	EAIR	RE	G. NO.				
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		Blac	k	12	24	29	54			HS DAYS	HOURS	MIN.
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CITY OR TOW	+0	St.	HOSPITAL, NURSIN H FACILITY, GIVE STREET Agnes	Hospita		NOITUTI	12a USUAL OCCU (TYPE OF WORK FOR M			26 KIND (NDUSTRY	OF BUSINE	SS O
JSUAL RESIDEN 30 STATE	CE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	NSIDE CI	TY LIMITS?	13e STREET ADDR	SS / 7IP C	ODE		- 13	-
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(YES, NO OR UN		E WAR OR DATES)							•			
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	OF DEATH (Enter on DEATH WAS CAUSE		line for (a), (b), and	d (c .1						BETWEEN	ONSET AND	DEAT
NOI	THER SIGNIFICANT (TION FOR WHICH				200 AUTOPSY?	20b II	YES, WE	ERE FINDI G CAUSE:	NGS USEL S OF DEAT	TH?
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WHILE T	NOT WHILE		EET, FACTORY, OFFICE F		STREET		CHTY	OR TOWN		COUNTY	5	TATE
sow 1	fy that (1) (this haspi he deceased alive on (1) (was (did) (did no	10/2	9 19	/	~	, 19 Py (our) opinion d	e, to / o /	2.9 he date and	hour one	d from the		
226 SIGN	ATURE	/		DEGRI		TTENDING	MEDICAL	STAFF	/	22c. DATE	SIGNED	
0%	noon e	2 /	20			HYSICIAN [DIRECTOR PH			13/.	28/1	My
22d PHYSI	CIAN'S NAME (TYPE C	R PRINT)	15 500	22e	ADDRES:	5	ALICE STREET		y- 3	,	-/-	1
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	ee, M	loonhe	2 8_			T. /-	1 mes	H	051			
73a BURIAL CRE	EE, M	100nhe		NAME OF CEMET	S RY OR C	REMATORY	123d LOCATION	H.	050			-
LEBE CITILI	ee, M	236. DATE	23c N	NAME OF CEMETI			23d LOCATION CHYOR TOV	N	Mil	UNTY		TATE
(SPECIFY) B	urial	236. DATE	23c N	NAME OF CEMETI Garrisc		orest	OW:	ngs			Md.	TATE
CONTRACTOR	urial	236. DATE	23c N			orest	CHTY OR TOV	ings RARIZSE RE				TATE

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DHMH - 16 50M 4/B3 (VRA 15, 4)

March F/H 1101

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IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbanoopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the further should be detoched far use as the buriol-transit permit. Then please remove corban papers. Pages I and 2 should be find within I with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

etoined by the haspital ar ottending physicion.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical page

FOR DEPARTMENT OF HEALTH A
STATE
REGISTRAR
CERTIFICATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT A HYGIENE
CERTIFICATE OF DEATH

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6.00	-			

ı	REGISTRAR		CERTIF	ICATE OF DEATH	1	REG. NO	0.		
١	1. DECEASED NAME FIRST	MIDDLE	L/	AST	2		MONTH DA	AY YEAR	26 HOUR
ı	J.	CHARLES	B	EASLEY	- 1	October 3	30. 19	84	12:16 M
	3 SEX	4. RACE	5. DATE O		6.	AGE (IN YEARS LAST BIR	THDAY)	FUNDER TYEAR	# UNDER 24 HRS HOURS MIN.
ı	Male	White	Feb			77	YRS.	SATIST DATS	NOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARDIE	NEVER MARRIE	D 7	BALTIMORE CITY O	R COUNTY C	OF DEATH	
)	North Carolina	USA	WIDOWE	D DIVORCE	D 🗍	Baltimo			MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		R OTHER INSTITUTIO		TYPE OF WORK FOR MOST O			OF BUSINESS OR
ł	Baltimore	Union Memoria	al Ho	spital		Self-emp			Estate
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COUR		N I	13d. INSIDE CITY LIM YES 🛣 NO [3809 Gree		, 212	18
	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAID	ENNAME	MIDDLE		LAS	ST
	John Jan	nes Beasley		Garne	et			Ford	
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUL	RITY NO.	17 INFORMANT		ADDRE	SS		
١	No	215 10 4	1842	Frances	I. E	Beasley,		Same	
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and	d (cu	155	~	1		BETWEEN	ONSET AND DEATH
1		TE CAUSE (o) YO CA	rdi	al to	ave	tion			
1		DUE TO, OR AS A CONSEQUE	NCE OF						
ı	Conditions, if any, which	(b)							
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF						
1	underlying couse lost	(c)							
1		CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	IE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
4	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	ODERATION	NAMES DEPENDANCE		TODE VA	Table IF VEC	WERE FINDIN	100 11050
,	T IN DATE OF OPERATION	TYS CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATH?
-	71a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		121, HOW IN HIRY	CCLIBBET	YES NOW	YES		NO []
7			YEAR	TICTIOW INJORT	JCCORREC	FINTER MATURE OF INJU	RY IN IIEM IB PAR	RITORPARIZI	
	OR CONTRIBUTING CAUSE OF DE. OF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	P.M.	19	211 LOCATION					
1	- WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK	ital) attended the deceased from		10/23 10	out	. 10	130	CH	thotal) (we) lost
1	saw the deceased alive as	10/23 198	4 . or	nd that in (my) (our) o	spinion dec	oth occurred on the de	ote and hour		
	77b. SIGNATURE	(t) view the body ofter death.	/	DEGREE				22c DATE	
	B Luce	Sinder ms		ATTEND		MEDICAL STAI		11/	1/84
-	274 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e. ADDRESS					7
	Dr. Bruce H	I. Sindler, MD		Hilton P	laza	, Reisters	stown,	MD	
	230. BURIAL, CREMATION, REMOVAL		JAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		COUNTY	STATE
	[®] Burial	11/3/84 D	ulane	y Valley		Balto. C	County		MD
	24 FUNERAL DIRECTOR Henry	y W. Jenkins &	Sons	s Co.	NOV	EC'D BY REGISTRAR	25LAREGISTE	AR'S SIGNA	parases
	4905 York Road	Balto. MD	2121	2	110 4	5 1984	1	PA (INDEX OF)	1-1-0-

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

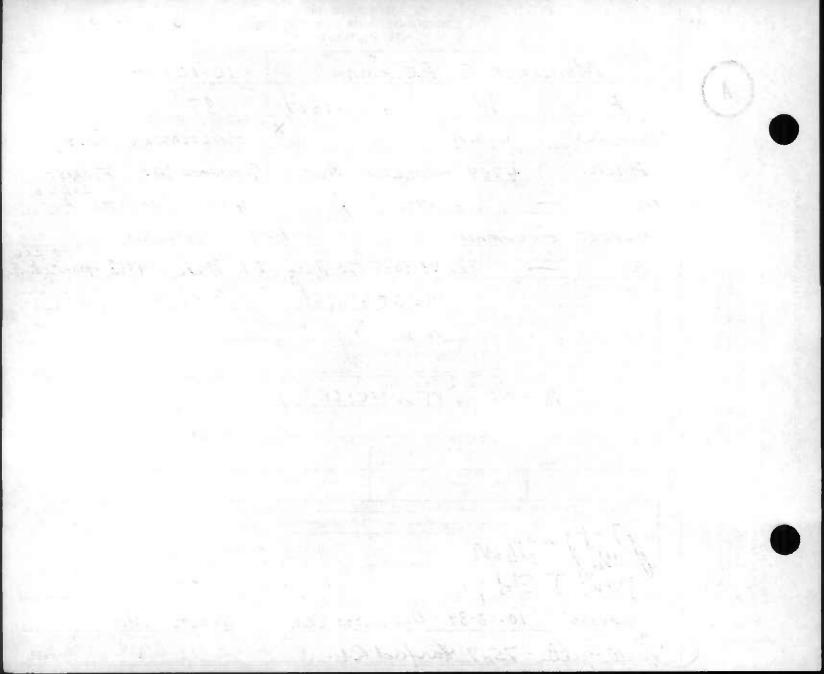
1. DE	REGISTRAR		CERTIFIC		REG. NO).	
(TYP	ECEASED NAME FIRST	ARET C.	BECKM			MONTH DAY Y	EAR 2b. HOUR
J. SE		I RACE	5 DATE OF		6. AGE (IN YEARS LAST BIRT	0 /	TYEAR IF UNDER 24 HRS
a. JL	F	W	HTMOM	21-1897	87		DATS HOURS MIN
a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8 MARRIED	☐ NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	TH
	TARYLAND	U.S.A.	WIDOWED	DIVORCED [DALTI	MORE	UTY N
10. C	BALTO.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		. 1	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	IND OF BUSINESS OF STRY -LORIST
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	INTY 13c. CITY (OR TOWN	34 INSIDECITY LIMITS?	13e. STREET ADDRESS	HAMILT	21206 ON AVE.
14. F/	ATHER'S NAME ALBERT Z	BECKMAN	LAST 1	S MOTHER'S MAIDEN I	MIDDLE	GLEIN	LAST
	WAS DECEASED EVER IN U.S. AI (YES, NO OD UNKNOWN) (IF YES, GI		Oil HADE	Mrs. Hara	ret L. Thell	er - 4908	Hamilt
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	inly ane cause per line far (a) ED BY: ATE CAUSE (a)	(b), and (c).)	1/8/4/	Infanch	216N	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR AS A COI		OT RELATED TO THE TE	RMINAL DISEASE OR CONE	DITION GIVEN IN PA	(RT 1(o)
9	1	OFFIC L	MI OULL	0/11/			
FICA	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED /	200 AUTOPSY?	20b. IF YES, WERE F	SES OF DEATH?
CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CO	216. TIME OF INJURY HOUR A.M. MON			YES NOT	IN CERTIFYING CA	NO [
MEDICAL CERTIFICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR		YES NO	YES THE PART I OR PA	NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hasp	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEAR 19 OFFICE, FARM, ETC.) From	21c. HOW INJURY OCC 211. LOCATION STREET , 19	YES NO URRED (ENTER NATURE OF INJUR	IN CERTIFYING CA YES YIN ITEM IB PART I OR PA YOU	AUSES OF DEATH? NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hasp	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY offal) attended the deceased n at) view the bady after death	TH DAY YEAR 19 . OFFICE, FARM, ETC.) 3 from	21c. HOW INJURY OCC 211. LOCATION STREET , 19	YES NOTURED LENTER NATURE OF INJUR CITY OR TOV an death accurred on the do	VN COUN Te and haur and froi	AUSES OF DEATH? NO

DHMH- 16 30M 2/80 (VRA 15, 4) DIRECTOR

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retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, as remaval.



TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the furnity should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical examples

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	1 -	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGH	ÊNE	2 6 REG. NO.	6 8	1		
		CEASED NAME OR PRINT)	21111	ALLY '	MIDDLE	15e là	59,	LAGA	2a DATE OF	DEATH MO	AY) IF UN	YEAR YUER I YEAR	7.16A	1
	1 00	FEMA		V	HITE		UARY 16,		(YRS:		HOURS MIN.	_
2	C	RTHPLACE (STATE OR I COUNTRY) MARY LAND	OREIGN /b	US	what countr 4	MARRIE	BALTIMO	RE CITY OR C	OUNTY OF	DEATH	MD).		
2	BA	TY OR TOWN OF DEA ALTIMORE		1. NAME OF HOSPITAL, NURSING HOME THER INSTITUTION I CULITY, SIVE STAELT ADDRESS) HOUSEW								AT HO		
2	N/	ARYDAND	136 COUNTY	ER INSTITUTION	13c. CITY OR TO BALTII			10 🗆	2 STREET	ADDROS	lkak	25	#21209 RD	•
0	14. F.A	SAMUEL	MID	DIE	COLLIDO	GE	15. MOTHER'S M	MOLLY	NE	WIDDLE		SHAM	US	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SE 2/7-32	CURITY NO 9895	17. INFORMANT 1706 LI			RBARASS BALTO		SH 2122	7	
		PART I. DEATH W Conditions, if ony, gove rise to improve (o), stofin underlying couse PART 2. OTHER SIGN	Which mediate g the lost	Y; CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSECUTION OF A CONSECUT	DUENCE OF	Clure I	Metus	tap	c B	Cart	-Can	MATE INTERVAL INSET AND DEATH	
	CERTIFICATION	19s. DATE OF OPERA	TION	196 CONDI	TION FOR WHI		N WAS PERFORM	AED	20a AUTO	DPSY NO	b. IF YES, WE I CERTIFYING YES	RE FINDING CAUSES (GS USED	_
	MEDICAL CE	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCURI WHILE (IF AT WORK) AT WORK	CAUSE OF DEATH CAL EXAMINER) RED	P.	M. MONTH M.	19	216 HOW INJU		ED (ENTERNA	CITY ON TOWN		OR PART 2)	stall).	
		22a.l certify that (1) sow the decease above, (1) (we) (c 22b. SIGNATURE	(this hospital) ed alive an did) (did not) v	iew the body	F 19	\$4.01		UF) opinion de	MEDICAL	d on the date			Market Harrison	
	231	AAA	01	0,	211	/	THE ADDRESS	111	1 .	1/2	10 F	TA	1	

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retained by the haspital or attending physicion.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL BROS., INC. LEVINSON G BALTO., 21215 6010 REISTERSTOWN RD.

230. BURIA, CREMATION, REMOVAL (SPECIFY) BURIAL

236. DATE OCT. 9, 1984 236 NAME OF CEMETERY OF CREMATORY OHR KNESSETH ISRAEL

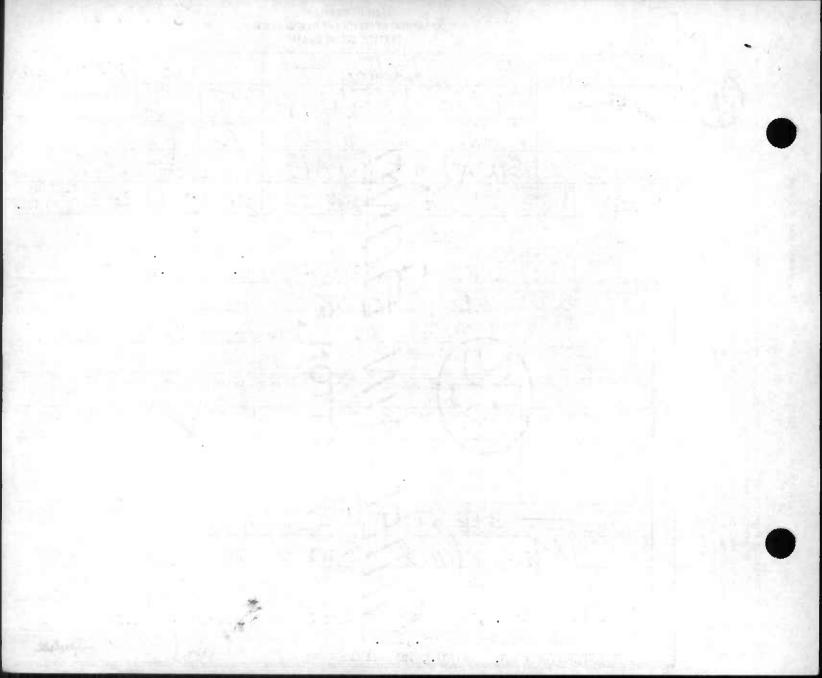
ANSHE" SFARD

BY REGISTRAN 251 REGISTRANS, SIGNATURE

1 984 Guna January Andres

BALTIMORE

MD



deoth certificate be executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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STATE OF MARYLAND FOR = STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

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									G NO.				
	CEASED NAME	FIRST		MIDDLE		AST	1	2a DATE OF DEA		DAY	YEAR	26 HOL	JR
	,	Rob	eri	A.	1	Belin	Ko		10	31	84	10:	0 %
3 SE			4 RACE		5. DATE C		W5+0	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
-	Male		Wh	ite	MONT	7	1915	8c	YR		DAIS	HOURS	MIE
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	- EX NEVER	MARRIED -	9 BALTIMORE C			DEATH		
,	PENNSYLVA	NNIA	USA		WIDOWE		ONORCED	BALTIM	ORE CI	TY			٨
n.ci	ITY OR TOWN OF D		M. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL OCC	JPATION	12	L KIND O	F BUSINE	
	BALTO, CI	тү Л	GOOD S	CHEACILITY, GIVE STREET	HOSP	ΓΦΑΤ.		plumber			own l	mair	169
usü,	UAL RESIDENCE LIF NURSING I THE OR OTHER INSTITUTION, GIVE RESIDENCE BE											27.27	3.4
	136. STATE N31 COUNTY 136. CITY (MARYLAND R. LTTMORE				17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Dol4		//4
	ATHER'S NAME	DELUI I	riolida			YES	NO A		CITITE	ILU.	Dall	. I	iu.
19. FA	John	,	AIDDLE	Beli	nleo	II. MOTHER	FIRST N/A	MID	DIE		LA5	T	
									DDarce				
Jan. V	WAS DECEASED EVE YES NO OR UNKNOWN) YES		WAR OR DATES	166 SOCIAL SECU		17 INFORM			DDRESS		D 3	07.07	7 4
	yes	WW	11	216-01-	-2591	EISI	e W. Rel	inko 261	9 MACT	lile			
	18 CAUSE OF DEA	TH (Enter on	y one couse pe	r line lor (o), (b), on	id (c).)						BETWEEN	MATE INTE	RVAI DEATI
	PART I. DEATH		DBY: E CAUSE (a)	Recurr	ent	Hod	a Kin	s lymp	homa				
							-	9					
			DUE TO, C	R AS A CONSEQU	ENCE OF								
	Conditions, if or		(b)_							_			
	gove rise to it		S DUE TO O	R AS A CONSEQU	ENICE OF								
	underlying cou		1000 10,0	K AS A CONSEGU	JUENCE OF								
	DADT 2 OTHER CI	CAUSIC ANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT BELATE	D TO THE TERM	INIAI DISEASE OR	CONDITION	CIVENUE	I DART 1		
Z	PART 2 OTHER 31	SIAIL CHIALC	01401110143	ONNEGRACIO	DEATH BOT	NOI KEENIE	D TO THE TERM	INAL DISEASE OK	CONDITION	OIVEIV	41 AKT 111		
CERTIFICATION	19a DATE OF OPER	ATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY	20b. IF	YES. WE	RE FINDIN	NGS USF	D
FIC	DATE OF OFER	711011	17.0 CO.1.0	THOUSE ON THE CO	· OI ENPITO		O.M. LO	_ ,	IN CE	RTIFYING	CAUSES	OF DEAT	TH?
E						1		YES NO		YES [NO [
	OR CONTRIBUTING		110110 1		AY YEAR	71c HOW	INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM	IB PART I	OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MI	-		.M.	19								
ă	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCAT							
ME	WHILE NOT	WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STRE	ET	CITY	ORTOWN	(OUNTY		STATE
					16	3.4	0.11	10	21		211-		
	22a I certify that				011	-31 -	, 19		- 31-			that (I) {	
	sow the dece above, (1) (we	osed olive on, (did) (did no	view the body	ofter death.	84,0	nd that in (m)	y) (our) opinion (deoth occurred on	the date and	hour ond	l Irom the	couses st	oted
	226 SIGNATURE	- 00	41			DEGREE					22c. DATE	SIGNED	
	Fldis	. SIX	Henn	awy		MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	,	10-	31-	-80
	224 PHYSICIAN'S	NAME (TYPE O	D. D. D. L. L. L.			22e ADDRE	-	J DIKECTOK [] P	I I SICIAIN				
,	DIE	C 1	-1 _H	ENNAL	14	00		1 Loch	Paul	RI	1 O M	KIN	21.
	MUCL	2-1	- II	-10/01/00	-4-	0	2117260	LOCH	Mayer	ADIVE	Day	THE D	21
23a E	BURIAL, CREMATION	REMOVAL	236 DATE				CREMATORY	23d LOCATION			UNIY ~		LIATE
4	(SPECIFIE) DULL	.Cv.L	11-3-	-84	Parkwo	ood Cer	neterv	CITT ON TO	Bal	timo	re, l	vary!	ran

BALTO MD 21230

DHMH - 16 50M 4/83

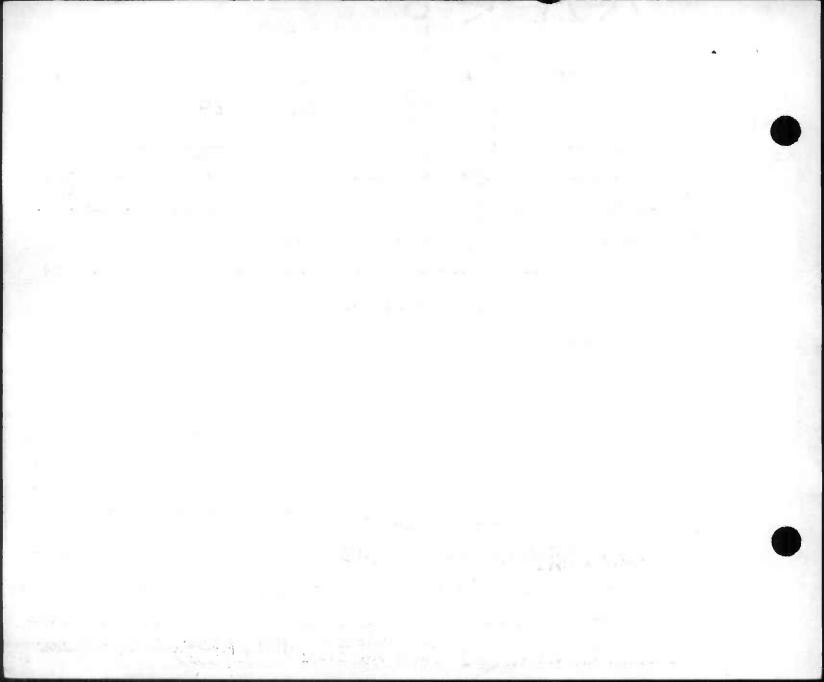
24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be defacthed for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physician.

(VRA 15, 4)

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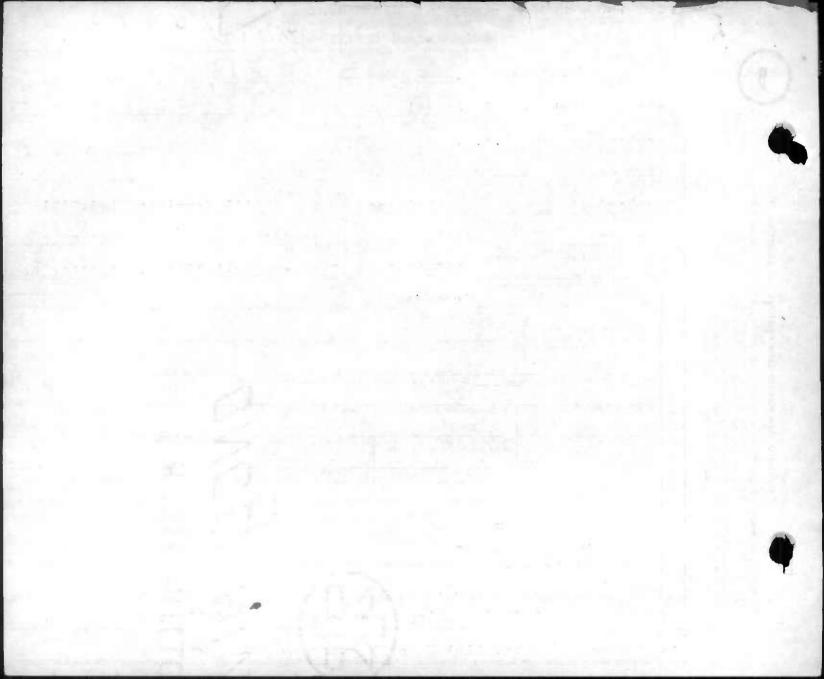


	DECEASED NAA		ISTOPHER	MIDDLE C.	BELL	20 DATE KE OF DEATH A	F211-	0-12-84
) s	male	black	DATE OF BIRT	H YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 1911 72 YRS.	MONTHS DAYS HOURS	MIN PRONOUNC DEAD	ED 1	0-12-84
5	FOREIGN COUNTY			A 8	MARRIED NEVER MAI	RRIED L	imore C	ity
4	Baltime	ore	Union	OSPITAL, NURSING HOME, (FRACILITY, GIVE STREET ADDRESS) Memorial Hosp	ital	120 USUAL OCCUPA FOR MOST OF WORKIP	TION (TYPE OF WO	OR INDUSTR
		Id 136 COUN		Ball Cimore	,		21st S	Street
14.	Cecil		WIDDLE	Bell	15. MOTHER'S MAI	DEN NAME MIDE	DIE	LAST
160	WAS DECEAS	ED EVER IN U.S. ARI	WED FORCES? WAR OR DATES)	218-03-137		ancy 1507	ADDRESS Miltor	a Avenue
	gave cause (ons, it any, which rise to immediate a) stating the <u>under-</u> ause last.	(b) DUE TO, C	DR AS A CONSEQUENCE OF				
NOI	gave cause (cause (cause cause	rise to immediate a) stating the <u>under-</u> ause last. SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEA	TH RUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN	PART 1 0		
THECATION	gave cause (cause (cause cause	rise to immediate a) stating the <u>under-</u> puse last. SIGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEA	TH RUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN	PART 1 a		20. AUTOPSY? YES
CAL CERTIFICATION	gave cause (cause (cause cause	rise to immediate a) stating the under- puse last. SIGNIFICANT CONDITIONS OF OPERATION JAL CAUSE WAS IG OR ING CAUSE OF I	CONTRIBUTING TO OFA 19b. CONI 21b. TIME HOUR A P	TH RUT NOT RELATED TO THE TERMINA DITION FOR WHICH OPERAT OF INJURY M. MONTH DAY YEAR M. 19	TION WAS PERFORMED?		RY IN ITEM 18 PART) C	YES 🗆
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S S S S S S S S S S S S S S S S S S S	PART 2 01HER 19a DATE C 21a. EXTERN UNDERLYIN CONTRIBUT TID INJURY WHILE AT WORK 22a I cer	IN THE PROPERTY OF THE PROPERT	(c)	DITION FOR WHICH OPERAT OF INJURY LM. MONTH DAY YEAR M. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	AL DISEASE OR CONDITION GIVEN IN TION WAS PERFORMED? 211 LOCATION STREET Autopsy Inspect Homicide TITLE (SPECIFY) M.D. ASSISTA	RED (ENTER NATURE OF INJUR CITY OR TOWN	ond in m	YES OR PART 2)
2 2 230	gave couse (couse (cous	IAL CAUSE WAS IG OR COURRED NOT WHILE AT WORK SINAME MAI ATION, REMOVAL ATI	(c) 19b. CONI 19b. CONI 21b. TIME HOUR A DEATH 21e PLAC STREET, F.	OF INJURY .M. 19 EOF INJURY (AT HOME, ACTORY, FARM, ETC.) A. KOYEll, M.D. 123C. NAME OF CEME	AL DISEASE OR CONDITION GIVEN IN TION WAS PERFORMED? 216 HOW INJURY OCCUR 211 LOCATION STREET Autopsy Inspect de M.D. Assiste ADDRESS 11 TITLE (SPECIFY) ADDRESS 12 TITLE (SPECIFY) ADDRESS 12	CITY OR TOWN Tion X, Inquiry L Undetermined man	ner	YES OR PART 2) COUNTY ATE ON TO THE OWNER OF THE OWNER OF THE OWNER OW



DHMH - 17 (VR A15 ME (5)) 20M 4/82

	1-	FOR STATE REGISTRAR	-22a 10/2	0/04		DEPART	MENT	OF HEAD			~	HYGIEN OF DEA		6 RE	Ö G. NO.	7	0		
		E ASED NAME	FIRST			WIDDLE			LA	ST			20. DATE			MONTH	DAY	YEAR	26 HOUR
	(i i re	ORPRINT)	HENRY			L.		1	BEI				DEATI	ESTI-		10	5	19 84	
ч	3 SEX		4 RACE	S. DATE	OF BIRTH	YEAR					IF UNDER		20 DAT			MONTH	DAY	YEAR	2d HOUR
	ma	ale	black	10	8	42	41	YRS.	ONTHS	DAYS	HOURS	MIN	PRONOL DE A	D		10	6	19 84	12:5
1		RTHPLACE 151	ATE OR	7b, CITIZ	EN OF WI	HAT COUN	VTRY?	8 M	RRIFT	X NEV	FR MARR	HED []	9. BALTI	MORE C	ITY OR	COUNT	Y OF D	EATH	
2		rylan	d	Ţ	J.S.	Α.			OWE		DIVOR	-	Bal	timo	re (City			ME
1	0 CI	Y OR TOWN	OF DEATH		NE OF HOS				OTHER	NSTITUT	ION		JAL OCC			F WORK		ND OF BU	
4	-	Baltimo		21:	11 Ga	rrisc	on Bl	vd.				100	MOST OF W	DRKH40 FHE	,				
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2	Ma	rylan	d				1tim			YES X		211			son	в 1	vd.	212	16
9/	14 FA	THER'S NAME		WIDDIE			LAST		- 1	5. MOTHE		ENNAME		MIDDLE				LAST	
14		heodo				Bell					edi	th				R	ath		
,	160 V	AS DECEASED	EVER IN U.S. ARM			166 SO	CIAL SECU	JRITY NO.	1	7. INFORM	ANT			ADD	RESS				
	1	10		U. T		215	-40-	5998		Thec	dor	e Be	11 2	2548	W.	Fa	yet	te	St.
		18 CAUSE O	F DEATH (Enter anl)	ane cou	se per line	for (a), (b), ond (c)											PROXIMATE VEEN ONSET	
		PARTIDE	ATH WAS CAUSED IMMEDIATI		(o) A	lcoh	olism	1											
		Verie		DI	JE TO, OR	AS A CO	NSE OUEN	ICE OF											
		gave ris	e to immediate		(b)														
		cause (o) lying cou	stoting the <u>under</u> -) DI	JE TO, OR	AS A CO	NSEQUEN	ICE OF									1		
				((c)														
	NO	PART 2 OTNER SIG	GNIFICANT CONDITIONS C	ONTRIBUTII	NG TO BEATN	BUT NOT REL	ATED TO THE	TERMINAL DI	SEASE O	IR CONDITION	GIVEN IN P	ART 1 (a)							
7	CERTIFICATION	19a DATE OF	OPERATION	19	b. CONDI	TION FOR	WHICH C	PERATION	WAS	S PERFOR	MED?						20 A	UTOPSY?	
	TIE				100	u Pir											Y	ES K	NO 🗌
3		UNDERLYING	OR CAUSE OF D	1	b. TIME OF TOUR A.M P.M	. MONTH	DAY Y	YEAR	. HOV	V INJURY	OCCURR	ED (ENTER	NATURE OF	INJURY IN IT	EM 18 PAR	RT † OR PAR	(T 2)		
	MEDICAL	21d. INJURY C	CCURRED	2	STREET, FACE			AE. 211	LOCA	ATION	7.0	1	CITY OR 1	OWN		cou	INTV	77	STATE
6	2	AT WORK	NOT WHILE AT WORK								- 1		CHYON	01111					31M12
			y that I taak charge	of the re	emains des	cribed abo	ave, held a	an Au	topsy	X	Inspectio	an .	Inquir	, П	and	in my op	man		
		deoth results	ed from: Noture	ol causes	X.	Accident	0.	Suicide		Homic	ide .	Undet	ermined r			,			
			An.	-						TITLE (SI	PECIFY)								
4		ACTUAL SIGNATURE	MUL	IN	10				_M.D			t_MED	ICAL EXA	MINER		DATE	_D 1	0-7-	84
2	1	E V A A A IN JEDICE		1			Maria (- (1)		
		EXAMINER'S (TYPE OR PRIN	Ann M	<u>Di</u>	xon,	M.D.		9/1	A[DDRESS_	111	Penn			lto.	, Mc	1.	2120	1
		URIAL, CREMAT	TION, REMOVAL 23		13/8			Memo				Ra	or town ndal	llst	own	coun	ITY	Мď	ATE •
		NERAL DIREC			ADDRESS			1				REC'D. BY		AR 256	REGIST	RAR'S SI	IGNATI	ure	-
	Wn	n C Ma	rch F/H	Ind	c. 1.	101	E No	rth	Av	enu	00	18	198	7	7.00				



FOR

STATE	OF	MARYL	AND	

DEPARTMENT OF HEALTH AND MENT APHYGIENE

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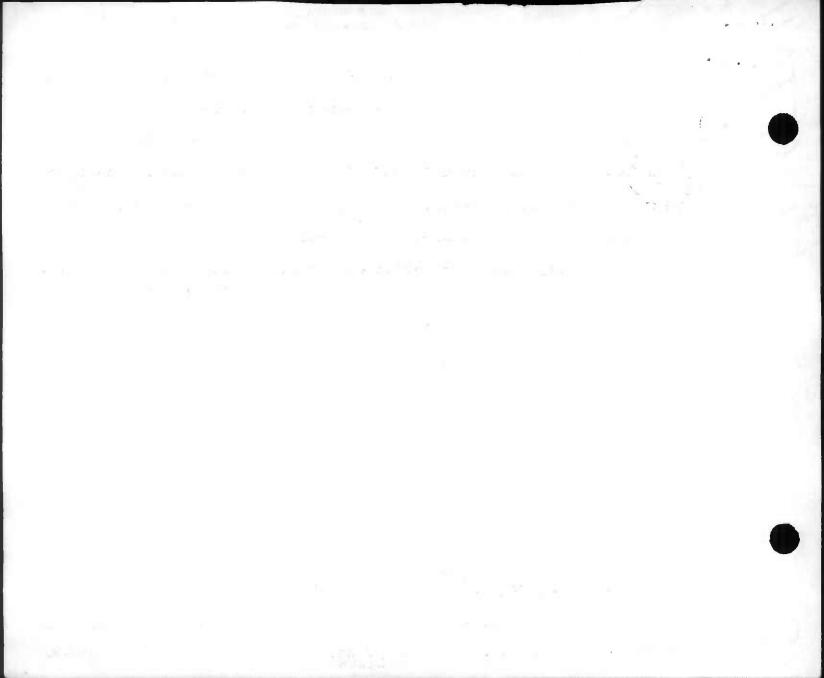
	1 -	STATE REGISTRAR				CERT	FICATE OF DEA	ATH	REG. N	10.		
. /		CEASED NAME	FIRST		MIDDLE		LAST .		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
2)	11111	JU	LIUS		C.	BE	NDER		10/	15/	54	7.24 PM
121	3 SE)	(4 RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1		Mal e		White		î-	14-1908		76	YRS	MORING DATS	HOURS MIN.
9	70. BI	RTHPLACE (STATE OR F	ORE IGN	76 CITIZEN OF	WHAT COUP	MARR	IED X O NEVER MAI	RRIED 🗆	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH	
140		opulry) Lbama		USA		WIDOV	VED DIVO	RCED 🔲	BALTIMO		Ϋ́	MD.
3,11		TY OR TOWN OF DEA	TH				OR OTHER INSTITU		120 USUAL OCCUPAT			F BUSINESS OR
144		BALTIMORE				STREET ADDRESS) LAL HOS			can Shop-	Ret.	Cont	inental
10C		AL RESIDENCE (IF NURS TATE MD	13b COUN Balt	1TY	13c CITY OF	RTOWN	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CODE	E	
100	14. FA	THER'S NAME	Dait	.0.,	Balto		YES X N		1020 Dudl	ey A	/e., Z.	1213
\$00		Gamage		AN IDDLE	Benc	ler		sie	MIDDLE		LAS	T
0	Ióa V	AS DECEASED EVER				SECURITY NO.	17 INFORMANT		ADDR	ESS		
medi	3	es, no or unknown)	Army	I I WW	216-0	3-6248	Jessie	M. 1	Bender, 4	020 I	Dudley	Ave.
t, the		18 CAUSE OF DEAT			line for (o), (b), and (c))		1	Balto.,	212]	L3 APPROX	MATE INTERVAL ONSET AND DEATH
even		PART 1. DEATH W		E CAUSE (a)	Res	p, catio	y arl	237				
Tofic				DUE TO, O	R AS A CON	SEQUENCE OF	/					
1007		Conditions, if ony, gove rise to imn		(b)_	her	neutro						
her 1		couse (a), statin	g the	DUE TO, O	R AS A CON	SEQUENCE OF	weereb-se	0 1	leed.			
or other				(c)	seve	L just						
njury.	NO	PART 2 OTHER SIGN	IIFICANT C		DUTRIBUTING	<u>G TO DEATH</u> BL	IT NOT RELATED TO	THE TERM	inal disease or con	IDITION GIV	EN IN PART I	0
à C	CERTIFICATION	19a DATE OF OPERAT	ION			HICH OPERAT	on was perform	ED	200 AUTOPSY?		S, WERE FINDIN	
Smou	RTIFI								YES NO	YE	ES 🗌	NO 🗌
morked or Item 18 sh		21a. ACCIDENT WAS UND		110110		H DAY YEA	21c HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 F	PART I OR PART 2)	
lea /	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER	n_ P.	Μ.	19						
o p	MED	21d INJURY OCCURE		21e PLACE (AT HOME ST		OFFICE FARM ETC.)	211 LOCATION		T RO YTI	OWN	COUNTY	STATE
Jorke		AT WORK NOT WH							10/	16	84	
. 107		22a L certify that (1) saw the decease	-		e deceosed i		and that in (my) (ou	r) opinion o	death occurred on the c	late and hou	u and from the	that (I) we lost
sm 2		obove, (I) (we) (c 22b, SIGNATURE	lid) did no	tyview the body	ofter death		DEGREE	, , , , , , , , , , , , , , , , , , , ,			22c DATE	
#		R	10	no IN	1		ATTE	ENDING (SICIAN [MEDICAL STA		/	1 1/14
Z-		22d. PHYSICIAN'S NA	AME TYPE C	PRINT) DR.	R. TA	NO	22e ADDRESS	JICIAI4	J DIRECTOR [] TITISI	SININ CI	1 /0/	7
MPORTANT: If Item 21		ĐRJ	P-MHO	HOMAS E			UNIC	N MEM	ORIAL HOSP	ITAL		
2	230 B	URIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF	CEMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE
_		rial		10-19	-84	Oak L	awn		Balto.		alto.	MD
/83		hrance. Mi	1100	Tnc	6179	RESSID - T	D.1	25a DATE	REC'D. BY REGISTRAF	0		
		0. 141	1161	, Inc.	0413	ъета:	1206	1,,,,	1 9 1984		resident R	indeal.

DHMH - 16 50M 4/83 (VRA 15, 4)

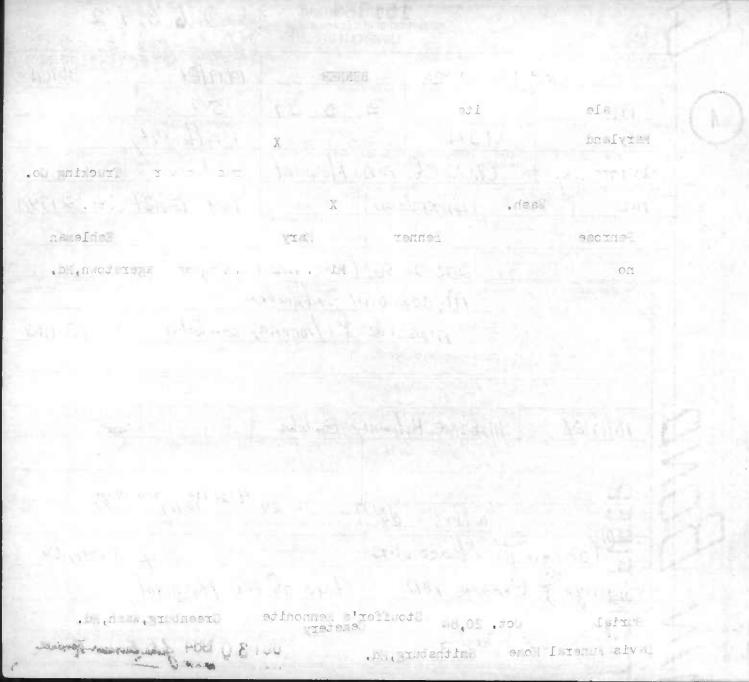
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retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cempletery should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, and a think the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



1	1-	FOR STATE REGISTRAR			DEPA	ARTMENT OF H	EALTH AND MENT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. PLANT MADRIE LAST							
ny be oge 3 deoth	(TYP)	CEASED NAME ORPRINT)	Davi.	d Es	shleman		BENNER		10/17/84	mared & Pr	FUNDER LYEAR IF UNDER 21 HUS				
	3. SE	X Ale		76. CITIZEN OF	lte	S DATE C		27	AGE (IN YEARS LAST BE 50 BALTIMORE CITY O	YRS	DNIHS DAYS HOURS MIN.				
	2	Maryland		u.	SA	WIDOWE	D NEVER MARR	ED X	BAHO.	Chy	MD				
8 1 38	47	ltimore	1	(IF NOT IN SU	ALU GIVEA	THEE ADDRESS	Hospn	4/	Truck Dri	F WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Trucking Co.				
35	13a :	AL RESIDENCE (IF NURS	H3R CONFI	NTY ASh.	13c. GITY OR 1	TOWN	13d. INSIDE CITY LI YES X NO		3e.STREET ADDRESS	ZIP CODE	Ave. 21740				
MARYL mpletes	14. F	Penrose		MIDDLÉ	Be:	nner	15. MOTHER'S MAI		MIDDLE		Eshleman				
MORE, Foundation		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	230-	26 565	Miss.	Cathy	D. Benner		rstown, Md.				
F, BALT physica npopen movel.		PART I. DEATH W	AS CAUSE	nly one cause per ED BY: TE CAUSE (a)			of Infa	netion	N		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
that the death certified by the otherding teats remove cotton oil, cremotion, at no or other traumatic series of the traumatic series.		Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which nediate g the	DUE TO, O	R AS A CONSE	1831 PE	0 1	man	Emboli	4	10 hrs				
F VITAL RECORDS, 30 AN. The law requires harped remain permit. Then place harped laygues prior to burst. 18 stores any injury, or	L CERTIFICATION	PART 2. OTHER SIGN 19a DATE OF OPERA 10 (1) 18 21a. ACCIDENT WAS UNE OR CONTRIBUTING	PERLYING [196. COND M143	BSIVE DE INJURY		N WAS PERFORME	lus	200 AUTOPSY? YES NO DE LENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO []				
DIVISION OF DING PHYSICIA or otherding of After this certif as on the burish and Mental morked or hero	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOTIFY MALE WORK NOTIFY MEDIC 22a.1 certify that (1)	RED	21e. PLACE LAT HOME, ST	.M. OF INJURY REET, FACTORY, OF	111	21f LOCATION STREET	, ey	4130 Az	→/0'/(COUNTY STATE				
TAL OR ATTEN by the hospital PAL DIRECTOR desir Digit of H	1	the decease of the de	grafic	or year the bady	H		DEGREE ATTEN	NDING _	MEDICAL STAI	FF	22c. DATE SIGNED				
O FUNE Pound by MADORTA		Goony	et.	Grs		O	UNIV	ofen	no Hosp	rital					
BP		BURIAL, CREMATION,	REMOVAL		20,84	Stouffe	emetery or crem r's Menno Cometery	nite	23d LOCATION Greenb						
DHMH - 16 50M 4/83	24 F	Davis Fune	rai	Z. Va	Smiths!			250, DATE	3 0 1504	25) REGISTR	AR'S SIGNATURE				



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within 24 hours after death. Page 4 may be	ding.
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4 hour	lled in
within	d 2 shoold be filed with

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICA	ATE OF DEATH	REG.	NO.		
DECEASED NAME FIRST LENGT	MIDDLE	13-01	THE BENNER	20. DATE OF DEATH	MONTH DA		12:40 AM
3. SEX	4 RACE	S. DATE OF B	BIRTH YEAR	6 AGE (IN YEARS LAST		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED L WIDOWED		9 BALTIMORE CITY	OR COUNTY C	TY	MD.
BALTO.		STREET ADDRESS)	STHER INSTITUTION	TYPE OF WORK FOR MOS	T OF WORKING LIFE)		OF BUSINESS OR
SUAL RESIDENCE IN NURSING HOME O 130. STATE 136. COU		V DALK Y	LINSIDE CITY LIMITS?	130. STREET ADDRESS	S / ZIP CODE REXEL	AVE	222
4. FATHER'S NAME FIRST	RUPISI	44	. MOTHER'S MAIDEN NAA FIRST	UNK		LAS	,T
69, WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL 214 (WM. WHE	FELER	PUTTY	605 HILL	AVE
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY	dispula	nonon -	ccest		BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	yocardia	1 inforce	disease		2 ye	days-
PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION 196 CONDITION FOR W		1000	200 AUTOPSY?	20b IF YES, V	WERE FINDIN	
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	H DAY YEAR	IL HOW INJURY OCCURR	Terrori Tigan		COUNTY	STATE
220. I certify that (I) (this sow the decoded alive or	200 100	19	hot in (my) (pur) opinion of GREE ATTENDING PHYSICIAN [MEDICAL SI	date and hour o	22c DATE	
224 PHYSICIAN'S NAME (TYPE ROBE	ORPRINT) Strumpt	10001	2e ADDRESS	V. Wolfe		11	
30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	18/25/84	230 NAME OF CEM	AWN	23d. LOCATION CITYOR TOWN BALL	TO. ,	COUNTY	STATE
J. G. CONNEL	LY 300°	MACE	OC DATE	E REC'D. BY REGISTRA T 2 5 1984		AR'S SIGNAT	jandelle.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and com should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages, Lawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician. injury, or other traumatic event,

IMPORTANT: If hem 21 is marked or frem 18 shows any

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGRENE

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N		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.			
/		EASED NAME FIRST PRINT) PEARL	С	• MIDDLE	BE	ENNETT	October	20,	1984	2b. HO	UR M
	3 SEX	Female	4. RACE White		July	DF BIRTH 70 , 1903	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DA		R 24 HRS
5	co	THPLACE (STATE OR FOREIGN DUNTRY) "Yland"	76 CITIZEN OF	WHAT COUNTRY? A.	8. MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O Baltimo				MD.
)		Y OR TOWN OF DEATH	LIE NOT IN SUC	WEACHITY CIVE STREET	G HOME (or other institution sing Home	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOME Make	F WORKING		OF BUSIN	IESS OR
5	Mar	RESIDENCE (IF NURSING HOME OF ATE 13b. COU		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Baltimor	N	13d, INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA/	13e STREET ADDRESS	ls A	lve. 2	234	
0		.11iam	MIDDLE	George		Ida	MIDDLE C.			andt	
	(YE	AS DECEASED EVER IN U.S. A s, no or unknown) (1F YES, G NO	RMED FORCES?	166 SOCIAL SECU 215-22-7		Mr. John R.	Whipp S		as # L :	3e	
,	NO.	PART 2 OTHER SIGNIFICANT 90. DATE OF OPERATION			112	NOT RELATED TO THE TERM	200 AUTOPSY?		GIVEN IN PART		D.
	TIFIC						YES NO		RTIFYING CAUS		TH?
1	CAL	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DIE (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	AIR	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR					
	1	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM ETC)	STREET	CITY OR TO)WN	COUNTY		STATE
		220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n	10-	-11- 19	-	nd that in (my) (aur) apinian (death accurred on the d	ate and h	hour and from t		toted
		226. SIGNATURE	Eld	de	13		MEDICAL STA	FF CIAN [16	TE SIGNED	184
		Celiar E.		.D.		7122 Harfo	ord Rd.				
	{SF	URIAL, CREMATION, REMOVA PECETY Bueial NERAL DIRECTOR	23b. DATE 10-23-			EMETERY OR CREMATORY [WOOd] [250. DAT	23d LOCATION CITY OR TOWN Baltimore E REC'D. BY REGISTRAR	25b REG		aryla	state nd

DHMH - 16 50M 4/B2

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the haspital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE CERTIFICATE OF DEATH

STATE OF	

9

{ TYPE	OR PRINT)	Elmer	W.		Benser	Oct.	1, 19	984	100
3. SEX	Male	4. R	White	5. DATE C	ne 20,1913	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR: HOURS MIN
(RTHPLACE (STATE OF COUNTRY) Tyland	DR FOREIGN 7b.	CITIZEN OF WHAT COUNTR $U.S.A.$	Y / 18	DE NEVER MARRIED	9 BALTIMORE C Baltimo			,
I	TY OR TOWN OF D Baltimore		NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 5909 Glen O	ak Ave.	OR OTHER INSTITUTION	120 USUAL OCC	UPATION MOST OF WORKING BODY FU	12b. KIND (INDUSTRY ITNI TUTE	CO.
	ALRESIDENCE (IF NU STATE Cyland	136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEF Baltimo		134 INSIDE CITY LIMITS?	13e. STREET ADD 5909 G		Ave, 2	1214
14. FA	ATHER'S NAME FIRST HOW &	ard	Benser		15. MOTHER'S MAIDEN NA FIRST Margaret		DDLE	Schubë	Yt
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAIES) 213-03-55				17. INFORMANT Mr. Wayne B		ADDRESS 302 Air	clie Way	21239 Apt. J
	Conditions, if or gove rise to in couse (0), sto underlying cou	mmediate ting the ise lost.	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TERM	AINAL DISEASE OF	CONDITION	GIVEN IN PART 1	(0)
FICATION	gove rise to in couse (0), sto- underlying cou	mmediote ting the ise lost. GNIFICANT CON	DUE TO, OR AS A CONSEC	O DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY	? 20b. IF	FYES, WERE FINDI ERTIFYING CAUSE	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to it couse (0), sto underlying could part 2 OTHER SIGN 190. DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING (FEITHER NOTEY MI 21d. IN JURY OCCU	Minediote ting the isse lost. GNIFICANT CON RATION INDERLYING CAUSE OF DEATH EDICAL EXAMINER) JERRED WHILE WHILE	DUE TO, OR AS A CONSEC (c)	IO DEATH BUT ICH OPERATIO DAY YEAR 19		200 AUTOPSY YES NO RED (ENTER NATURE	? 20b. IF	FYES, WERE FINDI ERTIFYING CAUSE: YES []	NGS USED
	gove rise to it couse (0), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying concentrations contributions counterlying counderlying	Minediote ting the isse lost. GNIFICANT CON RATION JODERLYING CAUSE OF DEATH EDICAL EXAMINER) WHILE COORK WHILE COORK (II) (this hospital) osed olive on coord (did not) vi	DUE TO, OR AS A CONSECTION OF A STREET, FACTORY, OFFIN OF THE BODY of the Body of the death.	ICH OPERATIO DAY YEAR 19 CE. FARM, ETC.)	211. LOCATION STREET 211. LOCATION ATTENDING PHYSICIAN	200 AUTOPSY YES NO RED (ENTER NATURE	? 20b. IF IN CE OF INJURY IN ITEM Y OR TOWN The dote and	FYES, WERE FINDI ERTIFYING CAUSE: YES	NGS USED S OF DEATH? NO STATE
WEDICAL WEDICAL	gove rise to it couse (0), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying concontributing (if either notify middle in Jury Occumulie and it work at	MILLE CAME (TYPE OR PR	DUE TO, OR AS A CONSECTION OF A STREET, FACTORY, OFFINITION OF THE CONTRIBUTION OF THE	DAY YEAR 19 CE. FARM, ETC.)	211. LOCATION STREET 211. LOCATION ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY YES NO RED (ENTER NATURE CIT deoth occurred on	? 20b. IF IN CE OF INJURY IN ITEM Y OR TOWN The dote and STAFF HYSICIAN	FYES, WERE FINDI ERTIFYING CAUSE: YES	STATE that (I) (we) I e couses stated E SIGNED

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Trocura . Just, Inc. Baltimore, Hd.

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O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 m etained by the haspital or aftending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral directers should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burnal, cremation, or removal.
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O HOSPITAL OR ATTENDING PHYSICIAN. The lo etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT. If Item 21 is marked or Item 18 shaws any injury, or other troumatic event, the medical exe

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AN HYGIENE

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REGISTRAR		CERTIFICATE	OF DEATH	REG. NO.				
I. DECEASED NAME FIRST	MIDDLE	LAST	2a. DA	ATE OF DEATH MONTH	OAY YEAR	26 HOUR		
Willi	am Franklin	Berry		10 -	20.84	3:39 AM		
3 SEX	4 RACE	S. BATE OF BIRTH		(IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
Male	Negro	Feb. 2	, 1903	82 YRS		MIN.		
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	VER MARRIED . 9 BAL	TIMORE CITY OR COUN	ITY OF DEATH			
White Hall	U.S.A.	WIDOWED		altimore cit	V	MD.		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		RINSTITUTION 120 US	SUAL OCCUPATION DE WORK FOR MOST OF WORKING	12b. KIND OF	BUSINESSOR		
Balto.	The Union Mem			aborer	Farmi	ng		
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION) FOWN 13d INS	IDE CITY LIMITS? 13. ST	REET ADDRESS / ZIP CO 28 Cecil A	ope Lve. 2	21218		
14 FATHER'S NAME	. I LECT	15 MOT	THER'S MAIDEN NAME					
	neeler Berr	y Ma	ry	Ellen	Johns	son		
168 WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFO	TNAMSC	ADDRESS				
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 214-1	8-7038 G	ladys Tucke	er same	as abov	<i>т</i> е		
18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b				APPROXIM	AATE INTERVAL NSET AND DEATH		
PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (0) Met	Notic ac	idorio		BETWEEN	NACT AND DEATH		
	DUE TO, OR AS A CONSE		ATED TO THE TERMINAL D	isease or condition (GIVEN IN PART 110			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	TICH OPERATION WAS F	'ERFORMED THE	IN CER	YES, WERE FINDING TIFYING CAUSES (GS USED OF DEATH?		
OR CONTRIBUTION CALLER OF	OEATH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRED (ATTRIBUTED IN ITEM I	8 PART OR PART ?}			
UIF EITHER NOTIFY MEDICAL EXAM 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF		CATION STREET	ITY OR TOWN	COUNTY	STATE		
sow the deceased alive above (Dwe) (did) (did	220 I certify that (I) this haspital attended the deceased from 25 Mg 1984 to 25 Mg 1984 that (I) sow the deceased alive on 25 Mg 1984, and that in (mg) (a) apinion death occurred on the date and hour and from the causes stable (I) (did) (d							
1226. SIGNATURE	re Grame	DEGREE	ATTENDING MED PHYSICIAN DIREC	DICAL STAFF CTOR PHYSICIAN	220. DATE S	-		
224 PHYSICIAN'S NAME (TY	PE OR PRINT)	22e AD	DRESS					
Theodo	Theodore Kramer	Th	niversity par	'kwav				
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETER		LOCATION				
(SPECIFY) Burial	10/24/84	St. James	Ja	arrettsvil	le Harf	ord Mc		

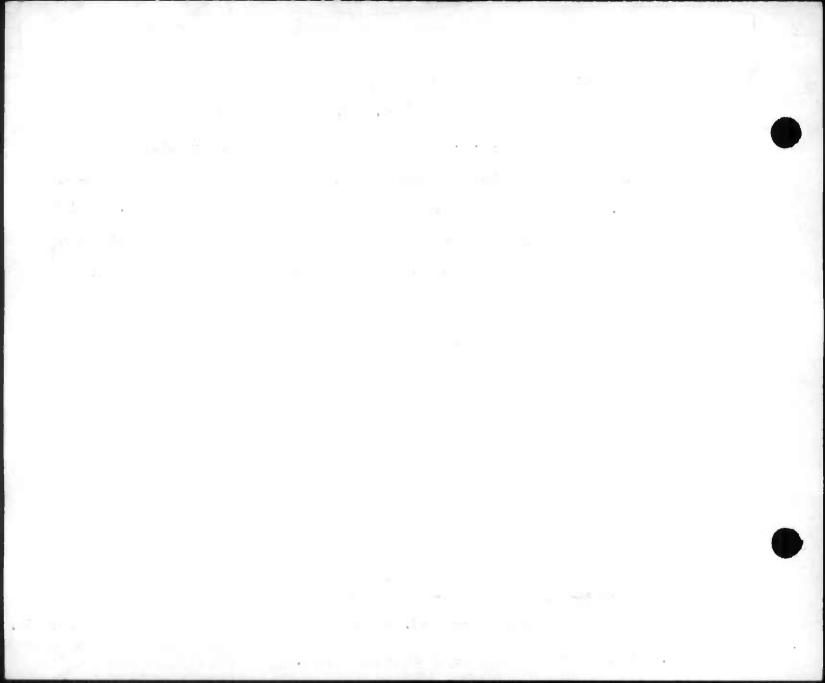
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

M. Gladden Kurtz

Jarrettsville, Md

Jarrettsville Harford Md.



(VR A15 ME (5)) 20M 4/82

1	11-	FOR STATE REGISTRAR	ME	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTA ER'S CERTIFICATE	OFDEATH	691		
7		CEASED NAME FIRST EOR PRINT) James		MIDDLE	LAST DOLLARS	20. DATE KNOW OF ESTI-		HOUR	
OR FILEN	3. SE		5. DATE OF BIRTH	M • 6. AGE (IN YEAR LAST BIRTHDAY 35 49 YRS	IS IF UNDER 1 YR. IF UNI	DER 24 HRS. 2c DATE		B:20	
NEGES AND THE PROPERTY OF THE	7a B	RTHPLACE (STATE OR REIGN COUNTRY) . Carolina	76 CITIZEN OF W	/HAT COUNTRY?	MARRIED NEVER MA	ARRIED ARRIED Baltimo	ITY OR COUNTY OF DEATH	MD	
SHARES/	1	Baltinore	4117 Pa	SPITAL, NURSING HOMÉ, ACILITY, GIVE STREET ADDRESS] L'RK Heights A	ve.	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	N (TYPE OF WORK 12b KIND OF BUSIN OR INDUSTRY	1ESS	
IF ANY DEAM 2, AND 3 TO 3. RETAIN BE SHOULD BE ALL RECORD.	13a S Ma	LESIDENCE (IF IN HURSING HOME TATE 136 COU	OR OTHER INSTITUTION, O	130 CITY OR TOWN Baltimor	e YESXX NO	□ 4117 Park	21215 Heights Avenu	e_	
F-SOE	7	THER'S NAME FIRST James	MIDDLE M .	Bethea Sr	15. MOTHER'S MA FIRST Minni	e 1	McEnchi	. n	
JRS AFTER DEA B. GIVE PAGES WITH FORM P C. PAGES I AN DIVISION OF A		NO.	(E WAR OR DATES)	166. SOCIAL SECURITY			33 N. Aisquith		
W. PRESTON ST. O WITHIN 24 HOU- ENCIL IN 17EM 18 WINER ALONG -1 TRANSIT PERMI- ENTAL HYGIENE, OR REMOVAL.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMED). Conditions, if ony, whice gove rise to immediate couse (a) stating the underlying couse lost.	ED BY: ATE CAUSE (o) H DUE TO, O (b)			ar Disease	BETWEEN ONSET AN		
NL RECORDS, 201 ULD BE EXECUTED WPENDING" IN FEF MEDICAL EXA EF MEDICAL EXA EFD AS A BURIAL HEALTH AND MI AL, CREMATION,	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100. Chronic Alcoholism							
VITAL RICHEL VORD "PE CHEF A BE USED NT OF HE BURIAL,	RTIFICA	19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	216. TIME C	ITION FOR WHICH OPERA		MANAGE OF PERSONS ASSESSED.		VO ₩	
NOT THE CONTROL OF TH	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.	M. MONTH DAY YEAR	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM IB PART I OR PART 2}		
HIS AGE	ME			CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE	
MEDICAL EXAMIN CUTE THE CERTIFIC SE 4 SHOULD BE FUNERAL DIRECT FER DEATH, WITH T		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	reogr	Accident . Suic	TITLE (SPECIFY M.D. Assista	Undetermined monner	ond in my opinion DATE SIGNED 10/23/8	84	
BAT 7 A F A S A S A S A S A S A S A S A S A S		urial, cremation, removal BURIAL	10/26/8	34 NAME OF CEM	ETERY OR CREMATORY Auburn Cem.	Baltimore			
DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME C March F/H	Inc. 1		Avenue	TEREC'D BY REGISTRAR 136	REGISTRAR'S SIGNATURE		

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, pell a should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 gnd 2 should be filed within 72 haurs after attach	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 market
The state of the said	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, and should be detached for use as the burial-transferment. Then please carbonopapers, Pages 1 and 2 should be filed within 72 hours of the detailed.
	IMPORTANT: If them 21 is marked or Item 18 shows ony injury, ar ather troumotic event, the medical examiner/myst be natified af once.
IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar ather troumatic event, the medical examinermyst be natified at once.	32/1

STATE OF MARYLAND

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DEC	NO			

Ц	1	FOR STATE		DEPART	MENT OF H	EALTH AND MENT	ATHYGHE	NE		1 4		
		REGISTRAR			CERTIF	ICATE OF DEAT	H	REG. NO				
1		CEASED NAME FIRST		MIDDLE	i.	AST	2	a. DATE OF DEATH	AONTH DA		26 HOUR	-
	LIAME	ORPRINT)	Y	S.	BING	LEY	- 1		10-3	0-84	308	OM
	3. SEX		4. RACE		5. DATE C			AGE (IN YEARS LAST BIRT		FUNDER LYEAR	IF UNDER 2	
		Female	White	e	Dec.		14 14	79	YRS.	MIHS DAYS	HOURS	MIN,
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 8	NEVER MARRI	ED 7	BALTIMORE CITY OF	COUNTY	OF DEATH		
5		MD	US	SA	WIDOWE			Baltimo	re Ci	ty		MD.
11	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	ING HOME C	R OTHER INSTITUTION		20 USUAL OCCUPATION		126. KIND O	F BUSINES	SOR
Y.		Baltimore	Union	* Memoi	rial H	ospital		Homemak			Hom	ne
4	13a S	AL RESIDENCE (IF NURSING HOME OF		130 CITY OR TOV	WN I	13d INSIDE CITY LIA	MITS?	830 W.	ZIP CODE Oth S	it., 2	1211	
7	14. FA	THER'S NAME				15 MOTHER'S MAIL						
		C. W.	WIDDLE	Smithe	rs	Blan	nche	WIDDIE	Cl	av	T.	
Ĭ		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC		17 INFORMANT		ADDRE:				
	()	res, NO OR UNKNOWN) (18 YES, GI	VE WAR OR DATES)	218 22	9820	William	F.	Blue, Ba	lto.,	MD		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)							BETWEEN	MATE INTERV	AL	
		PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	CVA	r. No	retine				ile	de	92
			DUE TO: O	R AS A CONSEOU	JENCE OF							07
		Conditions, if ony, which gove rise to immediate							<u></u>	Lang	yes	
		cause 101, stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last										
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COND	ITION GIVE	N IN PART 110	2	
_	CERTIFICATION	19a DATE OF OPERATION	TIBL COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	286 IF YES	WERE FINDIN	VGS LISED	
2	FIC/	DATE OF OFERATION	170 COND		II OF EKATIO	WASTERI ORMED		2.4	IN CERTIFY	ING CAUSES	OF DEATH	
	ERT	21a ACCIDENT WAS UNDERLYING	7 216. TIME C	OF INJURY		21c HOW INJURY	OCCURRED	YES NO W	YES		ио 🗌	
1		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH		_						
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	211 LOCATION						
	ME	WHILE NOT WHILE D	(AT HOME STI	REET FACTORY, OFFICE	FARM ETC)	STREET		CITY OR TOV	/4/	COUNIY	5TA	VIE
		22a L certify that (I) (the tage	tul) attended th	e deceased from	10-	19.	80	10. 10-	3 5-1	984	that (I) (w	eflost
		saw the deceased alive or obove, (1) (we) (did to	to -2	ofter death	Ky or	nd that in (my) (🗪)	opinion dei	oth occurred on the do	te and haur i	and from the	couses stat	ed
		226 SIGNATURE	71, 11010 1110 0000)			DEGREE				226 DATE	SIGNED	
		M				ATTENI PHYSI	DING CIAN	MEDICAL STAF	AN 🗌	101	30/8	7
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS						
		DR. VAN BEF	KUM			UNION M	EMORI	AL HOSPITA	L			
		BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	STA	ATE
		Cremation	10/31			Mount		Balto.,		1	MD	
	24 FL	INERAL DIRECTOR Henry	W. Je	nkins &	Sons	Co.	250 DATE R	REC'D. BY REGISTRAR	Sb. REGISTR.	AR'S SIGNAT	Manu]دست
	100	DE Vanis Dand	Dalta	A ALD	01010	,	INU	V G NH4	4			

DHMH - 16 50M 4/83

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletelly illed in the should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages frand? The illed within with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, an ather traumatic event, the medical examinant or the natural of the contraction.

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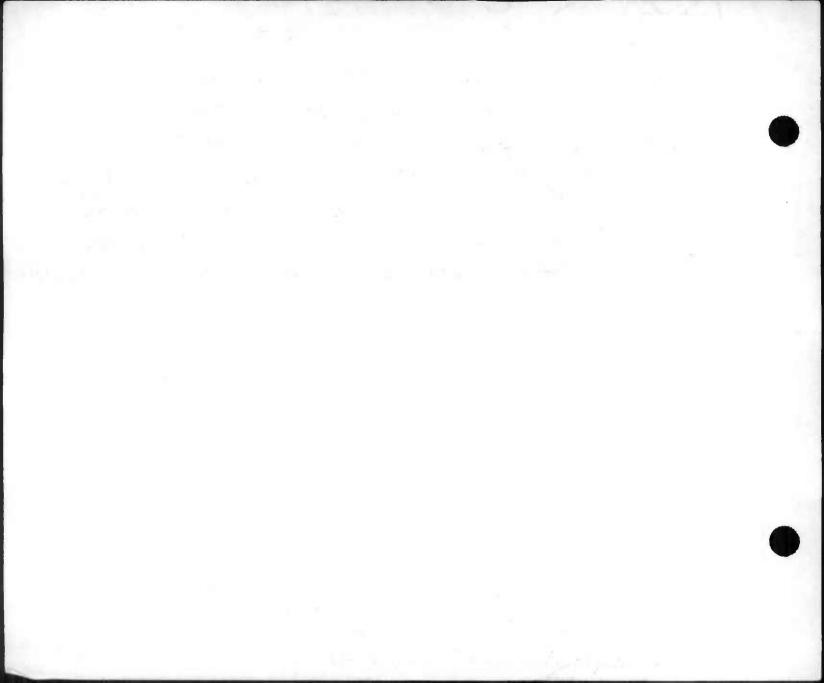
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHY GENE

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1	FOR STATE REGISTRAR		DEPA		EALTH AND MENTADHYO ICATE OF DEATH	REG. N) (, ,			
	ECEASED NAME FIR:	ST .	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR		
1	CA	THERINE	Τ.]	BIRCH	10/10/8	4		1020 M		
3. SI	EX	4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS.		
	-	V	V	4 -	1 1000	92	YRS.		HOURS MIN.		
70. E	SIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH			
M	MRYLAND,	U.	S.A.	WIDOWE		BALTIMORE	CITY		MD.		
	ITY OR TOWN OF DEATH		HOSPITAL, NUI		PROTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR		
	LTIMORE CITY	UNION M	EMORIAL	HOSPITA	AL	HOMEMA		111	nE_		
130.	JAL RESIDENCE (IF NURSING HE STATE	OME OR OTHER INSTITUTION	13c. CITY OR T		134 INSIDE CITY LIMITS?	13 e STREET ADDRESS	ZIP CODE	ZI TEAD	ST.		
14. F	ATHER'S NAME	MIDDLE	KER		15 MOTHER'S MAIDEN NA	ME MIDDLE	~ W=	LAST			
160	WAS DECEASED EVER IN U		166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	C NE	NNA			
		(ES, GIVE WAR OR DATES)	216-03	-	Mr. Edward	L. Brich -	5532	whit	Lby Rd.		
	18 CAUSE OF DEATH IEM PART I. DEATH WAS C	iter only one couse pe	61.	1 1 /				BETWEEN O	MATE INVERVAL DISET AND DEATH		
1		EDIATE CAUSE (0)	010	pable	Sepsis			-			
		DUE TO, O	OR AS A CONSE	QUENCE OF	/						
1	Conditions, if any, whi gove rise to immedia	-									
	couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ON N	C	VA									
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION			IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO			GS USED OF DEATH?		
GE	210 ACCIDENT WAS UNDERLY		OF INJURY	DAY YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18 PAR	T OR PART 2)			
N. A.	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH	19							
MEDICAL	21d INJURY OCCURRED	LAT HOME S	OF INJURY	ICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	220 I certify that (I) (this haspital) attended the deceased from 1989 to 10/10 1989 that we lost										
	sow the deceased of live on 10 (links nospiral arrended he deceased from 19 89, and that in (imy) our) opinion death occurred on the date and hour and from the causes stated obove. (I) we) (Idid) (did not) view the body after death.										
	22b SIGNARURE	22c DATE	SIGNED/								
	Robert & Cano M.D. ATTENDING MEDICAL STAFF & 10/10/84										
L	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 420 ADDRESS										
	ROBERT S. TA				UNION MEMORI						
234.	BURIAL, CREMATION, REMI	101	3-84	23¢ NAME OF C	REDEE OF ER	23d LOCATION CITY OF LOWN	To	MONTY	State		
74.6	ALINERAL DIRECTOR			1007	REDEEMER 25u. DAT	TE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	URE		
1	TO be	00 7	527 °T	55	1 81 000	7 = 1004	Ca Dav	dson-Ro	ndell		

DHMH - 16 50M 4/83

retained by the hospital or attending physician.



S. D. Carlotte, M. S. A. L. Land St. P. North Time of the same of the ARREST STOCKED TO THE REST OF THE STOCKED STOCKED TO STOCKED TO STOCKED STOCKED TO STOCKED STO *** and the second of the second o to me parliable the same of the sa the same of the sa and stated the state of Della commendation of the contract of the cont requires that the death certificate be executed within 24 haurs ofter death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

	FOR
-	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

6	6	1	Û	- 1
1	Ö		0	

		REGISTRAR				CERTIF	ICATE OF D	EATH	R	EG. NO.			
1		EASED NAME	FIRST	FERINE	MIDDLE	2120	LKWEL	,	20. DATE OF DE.			VEAR 84	26 HOUR
1	3. SEX	F	ATT	4 RACE	B	5. DATE O	OF BIRTH	YE AR	6. AGE IN YEARS	LAST BIRTHDAY	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN:
2	CO	THPLACE (STATE OR DUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUN	MARRIE	D XNEVER M		9. BALTIMORE	CITY OR CO			~
1	IO CIT	rginia YORTOWNOFDE ltimore	ATH	11. NAME OF		JRSING HOME C STREET ADDRESS)	OR OTHER INSTI	TUTION	12a USUAL OCC	UPATION			OF BUSINESS OR
1	USUA 13a. S1	RESIDENCE (# NUR	13b. COU		13c CITY OR	BEFORE ADMISSION)	13d. INSIDE CIT	TY LIMITS?	13e.STREET ADD 1513 E			Ave	.21223
0		HER'S NAME FIRST Harry		MIDDLE H	Thom	pson	Ger	trude	MI	DDLE	Sm	ith	\$1
	16a. W {YE	AS DECEASED EVER S.NO. OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)		SECURITY NO. 28 – 524 !	Warr		ackwell	ADDRESS 151	3 Edm		
		PART I. DEATH W	AS CAUSE	nly one couse pe ED BY: TE CAUSE (o)	er line for (o), (b					77			month month
	CERTIFICATION	PART 2. OTHER SIGN	NIFICANT	(c) CONDITIONS C					INAL DISEASE OF		ON GIVEN IN		
7	RTIFIC										YES [NO [
9	Z Z	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT WI AT WORK NEW	CAUSE OF DE	R) HOUR A	OF INJURY	DAY YEAR 19 FFICE, FARM, ETC.)	211 LOCATIO STREET		RED (ENTER NATURE	OF INJURY IN II		OUNTY	STATE
		270. I certify that (I) sow the decease above, (I) (we) (i) 22b. SIGNATURE	(this hosp	of) view the bod	8	19 84 , 0	DEGREE AT	TENDING _	death occurred or	STAFF		from the	that (I) (we) los couses stated
		224 PHYSICIAN'S N RICHT	are	OR PRINT) NORA			22e ADDRESS	GRE	ourector of the server of the	Ba		re 1	Md Md
	[5	BURIAL BURIAL	REMOVAL		5/84	23c NAME OF C		n.Cem		svil:			Va. STATE
		C March	F/H	Inc.	1101	E North	n Aven		T 9 19	84 25b, F			Pandell.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

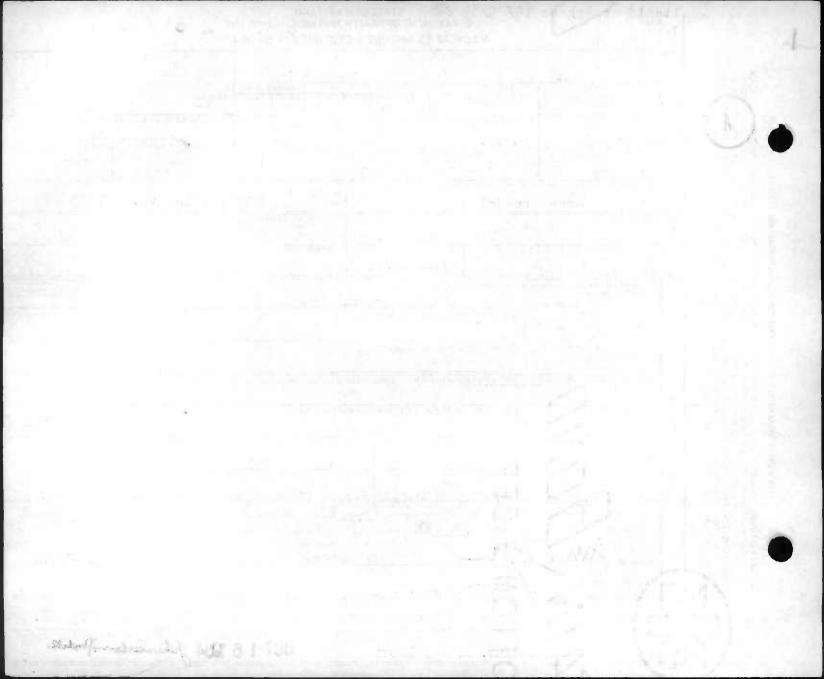
planta is a recommendation

1-	FOR STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL HY MINER'S CERTIFICATE OF	DEATH	2
1. DI	ECEASED NAME FIRST	WIDDIE	(AST	20. DATE KNOWN X MON	TH DAY YEAR 75 HOUR
	PE OR PRINT) ADMIRAL	5	BLAINEY	OF ESTI- DEATH MATED 1	
3 SE	m. NEGRO!	4 2 99 8.	IN YEARS IF UNDER T YR. IF UNDER 24 IR HUNDER 1 YR. IF UNDER 24 YRS. IF UNDER 1 YR. IF UNDER 24 YRS. IF UNDER 1 YR. IF UNDER 24	PRONOUNCED DE AD 1	0 6 19 84 3:09
	OREIGN COUNTRY	U. S. A	8. MARRIED T NEVER MARRIED WIDOWED DIVORCED		
		NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR 11 W. 20th St.		128 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
USU	AL RESIDENCE (IF IN NURSING HOME OR OF STATE 13b COUNTY		MISSION] AN 13d. INSIDE CITY LIMITS? I	130. STREET ADDRESS 20 25	TARIAR
14.9	Robert E	SAINE V LAST	15. MOTHER'S MAIDEN	DE Keyler	LAST
	WAS DECENSED EVER IN U.S. ARMED		9-5663A HAZE	L CROSS 11L	= .2011 5/
2	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause lost.	(b)			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED?		20 AUTOPSY? YES NO X
MEDICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		YEAR 9	LENTER NATURE OF INJURY IN ITEM 18 PART I O	R PART 2) COUNTY STATE
	22e I certify that I taak charge of death resulted from Natural a ACTUAL SIGNATURE EXAMINER'S NAME Ann M (TYPE OR PRINT)	the remains described above, held auses X, Accident , Accident . Dixon, M.D.	Suicide , Hamicide TITLE (SPECIFY) M.DASSISTANT ADDRESS 111 P	Undetermined manner MEDICAL EXAMINER SIC Penn St., Balto.,	TE 10-7-84
	BURIAL, CREMATION, REMOVAL 23b	/ / / 4 -	F CEMETERY OR GREMATORY PEM	3429 por Rite	COUNTY TATE
1	NAME KS FUNER	AL HOME 1300	17 Centres OCT 8	C'D. BY REGISTRAR 256 REGISTRA	CASESPONIBLESC



DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS REPORTED BY EXECUTE THE CERTIFICATE, WRITING THE WORDS "IN PENCIL IN THEM 18 GIVE AGGS 1.2 AND 310 THE FERLED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACKNO, WITH FORM, PM.3. RETAIN PAGE FOR YOUR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURNAL TRANSIT PREMIT PAGES 1 AND 2 SHOULD BE FILED WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL MYGIENE DIVISION OF WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL MYGIENE DIVISION OF WITH PECURDS, 21201 PRIOR TO BURNAL OR REMOVAL.	13
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1-	FOR STATE REGISTRAR CEASED NAME FIRE	MEDICA	RTMENT OF HEALT			H DAY YEAR 125 HOUR
	E OR PRINT) Gab		ומ	ankenship	OF ESTI-	70 04
a. sex	4. RACE	5. DATE OF BIRTH "579/1940 YE	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDER		10 19 84 M 10 19 84 10:30 10 19 84 10:30
	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT CO	DUNTRY? B. MAR	RIED NEVER MARR	IED N BALTIMORE CITY OR COU	
	st Virginia	U.S.A.		WED DIVORC	Baltimore 1120 USUAL OCCUPATION (TYPE OF WORL	City, MD.
1838	Baltimore /	Universit	ty Hospital	HER INSTITUTION	FOR MOST OF WORKING LIFE! Night-watchman	OR INDUSTRY dump
30. S	TATE 131 C	DIA OR OTHER INSTITUTION, GIVE RESIDE DUNTY 136. C • Arundel	INCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	910 Amelia Ave.	21225
2020 Gal	ATHER'S NAME FIRST	Blanker	nship Sr.	15. MOTHER'S MAIDE FIRST Retta	EN NAME MIDDLE	Baldwin
35 / (YI	VAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES N/a	GIVE WAR OR DATES)	19-40-2610	17. INFORMANT	ADDRESS	
T PERMIT. P.		er only one couse per line for (a) USED BY: DIATE CAUSE (a). CDUE TO, OR AS A C	ranio-cerebr	al trauma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D MENTAL H ON, OR REM	Conditions, if any, w gave rise to immed cause (a) stating the <u>ur</u> lying cause last.	liote (b)	ONSEQUENCE OF		3/8 *	
SA BUS ETH AN REMATI	PART 2 DTHER SIGNIFICANT CONDI	IONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ISE DR CONDITION GIVEN IN PA	IRT 1 (a).	
MENT OF HEALTH OBURIAL CREA	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		PAD ONLY YES X
	210 EXTERNAL CAUSE WAS UNDERLYING WORLD		TH DAY YEAR	subject f	ED LENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
MEDICAL MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJU	JRY (AT HOME, 211. LO	STREET		City, Md.
SIND, 21	22a. I certify that I took o	harge of the remains described	obave, held anAuto	psy X , Inspectio		
TO FUNERAL DIRECTOR: PAGE BATTER DEATH THE STATE BATTIMORE, MARYLAND, 21201	ACTUAL SIGNATURE	QVA-		TITLE (SPECIFY)		E _{NED_} 10/11/84
TER DEA LTIMORE	EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Dixo			Penn St. Balto., M	
	urial, cremation, remov pecify) remation	AL 236 DATE 2	NAME OF CEMETERY Westview Mem		Baltimore Bal	timore Md.
H - 17	UNERAL DIRECTOR	Home Inc. 132	212	007	REC'D. BY REGISTRAR	



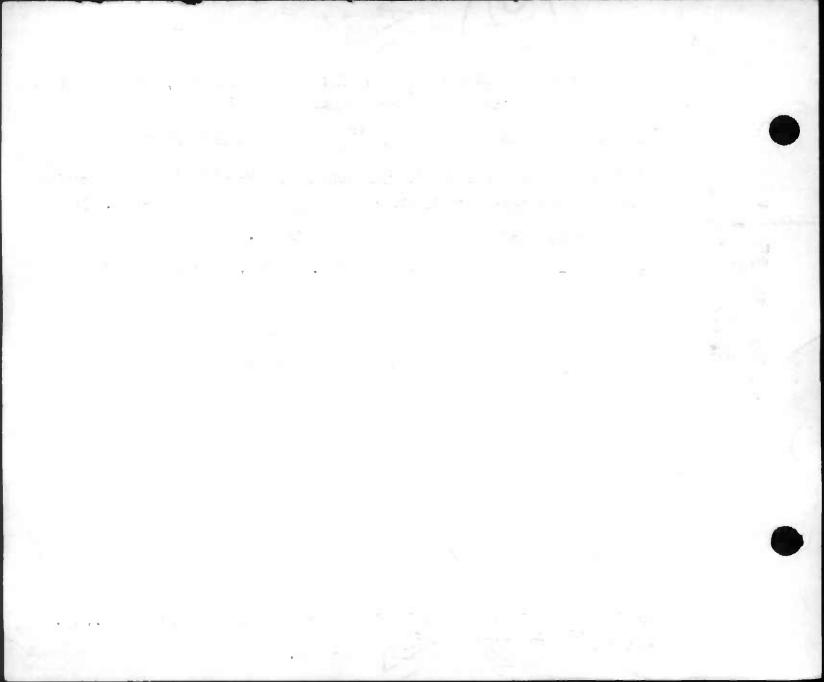
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

6 1

	REGISTRAR		CERTIFICATE OF D	LMIII	REG. NO	D		
1	1. DECEASED NAME FIRST	WIDDLE	LAST	2a	DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
L	VRRA	BERYL	BLEVINS			6.1984		5:45AM
I	J. SEX	4 RACE	5. DATE OF BIRTH		AGE LIN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS HOURS MINL
4	Female	White				YRS		
	70 BIRTHPLACE (STATE OR FOREIGN New Jersey	7b. CITIZEN OF WHAT COUNTRY USA	MARRIED ENEVER M	ARRIED -	BALTIMORE CITY O	_		
_				ORCED	BALTIMO			MD.
7	O CITY OR TOWN OF DEATH BALTIMORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE THE JOHNS H	ET ADDRESS)	(1)	USUAL OCCUPATION WAS TO LINST THE OF WORK FOR MOST OF LINST THE CO.	DN F WORKING LIFE)		Board &:
5	Maryland Residence is nursing to be on the State	OTHER INSTITUTION GIVE RESIDENCE BEFORE TO MIDDLE		TY LIMITS? 13e	SIREET ADDRESS 124 RIVE	ZIP CODE Thorn	Rd. 2	L220
1	FATHER'S NAME Kenneth	MIDDICOWLES LAST		MAIDEN NAME	. Hawkins	5	IAS	1
	WAS DECEASED EVER IN U.S. AR				s, Husband	00	ame	
Ì		ly ane cause per line far (a), (b), o					BETWEEN	MATE INTERVAL DNSET AND DEATH
ı	PART I, DEATH WAS CAUSE IMMEDIA	E CAUSE (a)	cardiopuln	ionary .	arrest			
١	Canditions, if ony, which	DUE TO, OR AS A CONSEQ	UENCE OF Septic	shock				9 hrs.
1	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	vence of fotal bowe	l necn	osis		3	days
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 110	3
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR		YES NO	206 IF YES, W IN CERTIFYIN YES	G CAUSES	
1				URY OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART ?)	
	OR CONTRIBUTING LI CAUSE OF DE-	21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE	211 LOCATIO	N	(1TY OR TO	wn	COUNTY	STATE
	22a.1 certify that (1) this hasp	tal attended the deceased from 19.	04	, 19 54 aur) apiman deat	, ta 40/6 th occurred an the do	. 19. ite and haur ar		that (we) last causes stated
	77 SIGNATURE Petre	C. V Selita		ITENDING A	AEDICAL STAI		120 DATE	SIGNED 16/84
	22d. PHYSICIAN'S NAME (TYPE OF	C. Belitsos	22e ADDRESS	N. Wolf	fe St.	Baltin	nove	Md.
1	Purial CREMATION, REMOVAL	10/9/84 Ho	NAME OF CEMETERY OR COLLY Hill Memo	rial Gar	rden's or tow Ba	ltimore	°'Co.,	Md. STATE
1	nijeda neki Kunen	21 PA 1809	old Eastern		C'D. BY REGISTRAR			URE ACADE

DHMH - 16 50M 4/83 (VRA 15, 4)



completely filled in by the tall and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other troumotic event, th

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 / 0 5

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		lwin	MIDDLE	Blu	ım	2e DATE OF DEATH	10 1	7 1984	26 HOUR
3	Male	4. RACE Wh:	ite	5. DATE (6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
7	O. BIRTHPLACE (STATE OR FORE COUNTRY) Md.	IGN 76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOW	DED DIVORCED	9 BALTIMORE CITY O Baltimo			MD.
)	Baltimore	(IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET A Medford	DDRESS)	OR OTHER INSTITUTION	17 USUAL OCCUPATION RECEIVED TO THE PROPERTY OF THE PROPERTY O	ON IF WORKING LIFE)	INDREES (r BUSINESS OR Cream
	JSUAL RESIDENCE LIF NURSING 30. STATE 13	HOME OR OTHER INSTITUTION COUNTY	Baltimore		13d. INSIDE CITY LIMITS? YES AND	13e.STREET ADDRESS	7 1535 ì	2/2 Medfor	d Rd.
1	FATHER'S NAME FIRST Peter	MIDDLE	Blum		15. MOTHER'S MAIDEN NAM ERST Barbara	A MIDDLE		Her	tline
14	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) Yes	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) WW1	216 03 85		Gladys V. I	ADDRE Blum	Same		
	18. CAUSE OF DEATH I PART I. DEATH WAS	Enter only one couse pe CAUSED BY: MEDIATE CAUSE (a)			FIGRI HATI	on			MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, w gove rise to immed couse (0), stating underlying cause	hich (b)_	OR AS A CONSEQUE	ar 1	green pisi	243/2		YE	ARS
I				EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11	0
	19a. DATE OF OPERATIO		DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	OR CONTRIBUTING CAU	SE OF DEATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	PT 1 OR PART 2)	
	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	EAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OF TO	are C	COUNTY	STATE
		olive on 7 5 3 0 (did not) view the bod		84.0	nd that in (my) (aux) opinion o			ond from the	
	226. SIGNATURE	Mel	up.			MEDICAL STA DIRECTOR PHYSIC		15 0 C	SIGNED T84
	J. Dixon	E (TYPE OR PRINT) Hills M.D.	417		3501 St. Pa	ul St.			
2	BURIAL, CREMATION, RE [SPECIFY] Burial				ne Mausoleum	23d LOCATION CITY OR TOWN Woodlawi	n Ba	county alto	Md

etoined by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Rd.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Phia Davidson-Randell

death certificate be thot the TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicians should be detached for use as the burial-transit permit. Then please remove carbon population with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT: If them 21 is marked or tem 18 shows any injury, or other troumatic event, the

BP_____ DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

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2	0	1	U	O

L	REGISTRAR		CERTII	ICAIL OI D	LATIL	REG. NO.		
ı	I. DECEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH MONTH		26 HOUR
I	DANIEL -	L Toj. 5	CE IIB	OETTCHE	R	10-11-8	4	X 3 AM
I	3 SEX	1. RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
I	MALE	WHITE	09	13	24	60 Y	RS.	YS HOURS MIN.
ł	ENTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	SAS 8	NEVER M	ADDIED [9 BALTIMORE CITY OR COL	INTY OF DEATH	
1	MARYLAND	U.S.A.	WIDOWE		ORCED	BALTIMORE CI	TY	MD.
ŧ	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		R OTHER INST	TUTION	128 USUAL OCCUPATION		D OF BUSINESS OR
1	BALTIMORE	ST. agnes	HOS	SP.		SALESMAN		TGOMERY
ď	SUAL RESIDENCE (IF NURSING 19 ME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION	13d. INSIDE CI	ry HAAITS?	13e.STREET ADDRESS / ZIP C	ODE.	WHILD
1	MARYLAND BALTI			YES 🗌	NO T	628 WARWICK R		229 - 120
ł	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S	MAIDEN NAM	WIDDLE		LAST
J		F. BOETTCH	ER		CELIA		MERNA	
7	MAS DECEASED EVER IN U.S. AR		ECURITY NO.	17 INFORMAN		ADDRESS		
4		II 219-18	-7143	MYRTLE	A. BO	ETTCHER 628 WA	RWICK R	OAD, 21229
I	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	ond (c).)	20.70	A. Harris		BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE		wen	irester	an	rest		FM ELLI
ı		DUE TO, OR AS A CONSE	OHENCE OF	2				
1	Conditions, if ony, which	(intracerel	nal	Lame	onlas	2	0.00	
1	gove rise to immediate couse (a), stating the) ''			0			DI E VON
1	underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF					537.75
1	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PAR	l lio
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING							
7	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFOR	SWED		FYES, WERE FIN	
-	Ē.					YES NO	YES [NO [
1	210. ACCIDENT WAS UNDERLYING	LICHE A M. MONTH	DAY YEAD	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART TORPART	2)
1	OR CONTRIBUTING CAUSE OF DEA	NIN .	19					
1	UNITE TO NOTIFY MEDICAL EXAMINES	21e. PLACE OF INJURY		21f. LOCATIO	N	CHY OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	CE, FARM, ETC)	ZIMEEL		CHYORIOWN	COUNTY	STATE
1		ital) attended the deceased fro	m /o ·	10	, 19 0 5	2. to 10 -11	19 A	2, tho (1) (we) lost
1	sow the deceased alive on	ot) view the body ofter death.	9 Ago, or	nd that in my	our) opinion a	death occurred on the date and	I hour and from	the couses stated
1	226. SIGNATURE	i de mo desprendente		DEGREE			/ 22c D/	ATE SIGNED
	mont	er Lea	_		HYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5 /	0-11-80
7	22d. PHYSICIAN'S NAME TTYPE C	OR PRINT)		27e ADDRESS	^			
1	Leein	Toonhee		St	. 48	ines Hosp	Bal.	MD
1	230. BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	LOUNTY	STATE
	BUR LAL	10-15-84	MARYLAN	D VETER	ANS CE			MARYLAND
1	24 FUNERAL DIRECTOR			21229	25e. DATE	E REC'D. BY REGISTRAR 25h RE		NATURE
1	HUBBARD FUNERAL	HOME, INC. 410	7 WILKE	INS AVE.	OC.	T 1 1 1984 Fich	a Davidson	-Randelle

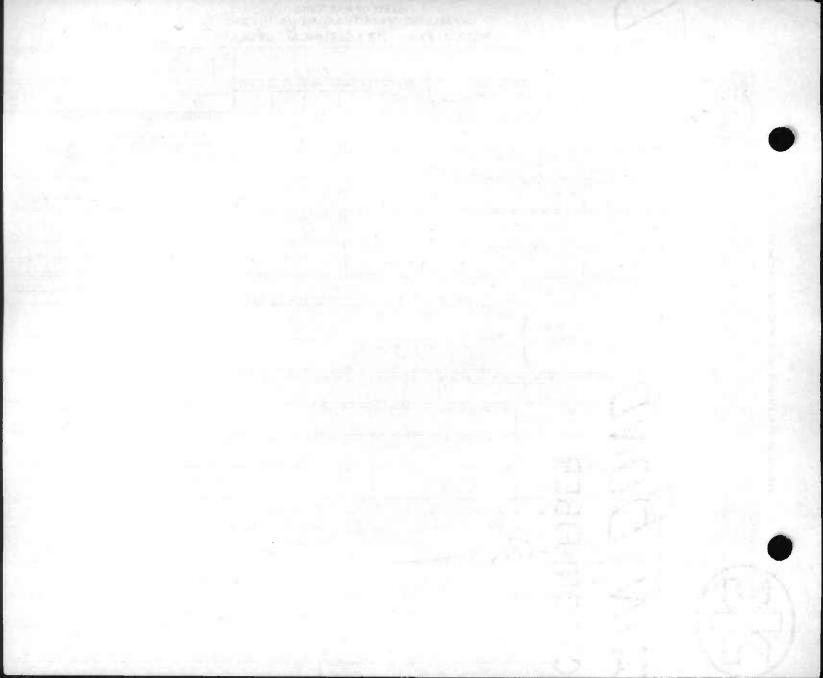
a)		FOR STATE REGISTRAR CEASED NAME	FIRST ,	ELLEN "		ERTIFICATE OF DEA	TH	REG. N			
po 3	(TYPE	OR PRINT)	Ilen			BomBA		ATE OF DEATH	31	SY.	26. HOUR 840.
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ond 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A FA	Charles	E. Ar	tzberg	g er	15. MOTHER'S MA	Mazie	Helman		LAS	
s. Pages	16a W	VAS DECEASED EVER IN ES NO OR UNKNOWN)	U.S. ARMED (IF YES, GIVE WA		166. SOCIAL SECURITY 204 03 39		N. Parle	tt, Daug		Sam	
physicic onpoperi emovol.		PART I. DEATH WAS	Enter only or S CAUSED BY	Y:	line for (a), (b), and (c		ILURE		41-0	BETWEEN	MATE INTERVAL INSET AND DEA
ion, o		Conditions, if any, v	which (DUE TO, OR	AS A CONSEQUENCE	SCURPSIS CA	RN10-VAS	CULAR	DISEAS	58.	
signed by the ottendin the please remave corb o burial, cremotion, or jury, or other traumotic	N	Conditions, if any, very gave rise to imme cause (a), stating underlying cause	the last.	(b) DUE TO, OR	AS A CONSEQUENCE	SCURDSIS CA					
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DHMH - 17

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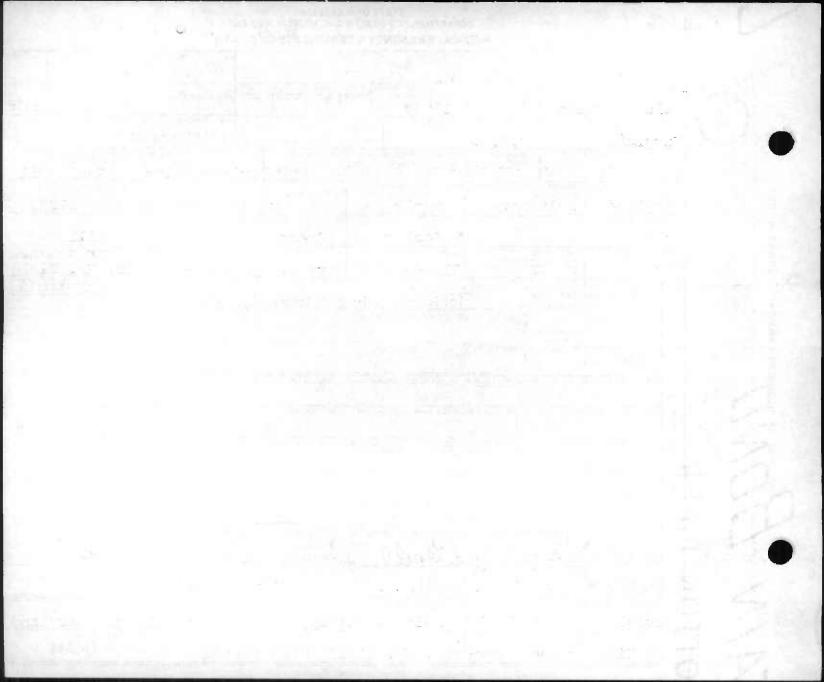
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN 2b. HOUR 9 19 84 10 X 2d HOUR 11:13 10 11 19 84 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY 418 Duncan Street 21231 LAST Marcus Bookman 2514 E. Madison St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? NO X 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10/11/84 111 Penn St. Balto., MD Md Mills 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE liam C. March F/H 1101 E. North Ave



20M 4/B2

STATE OF MARYLAND

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	(TYPE	OR PRINT)		AMOS	W.	В	OSLEY			OF DEATH		10-8	-84 19	
3	SEX		4 RACE	5. DATE OF BIR	TH	6. AGE (IN YEA	ARS IF UNDE	DAYS HOUR	DER 24 HRS.	2c. DATE	CED	HTMOM	ĎAY YE	AR 24 HOUR
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DHMH - 17

(VR AT5 ME (5))

20M 4/82

FOR STATE REGISTRAR

STATE OF MARYLAND

		EXAMINER				REG.	NO.	u		
	WIDDLE		LAST		20. DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	26 HOUR
			Booker,	Sr.	DEATH	MATED	10/1	/84	19	M
OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	R. IF UNDE	2c DATE		HIMOM	DAY	YEAR	11 HOUR 55

		CEASED NAME OR PRINT)	FIRST		WIDDLE			LAST			20. DATE KNOW OF ESTI-	N MONTH	DAY	YEAR	26 HOU
			Black				Boo	ker,	Sr.		DEATH MATE	10/1	/84 19	9	
	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEAR			IF UNDER		2c DATE PRONOUNCED	HIMOM	DAY	YEAR	24 HOU
	M	ALE	BLACK	6 - 20-	06	78 YR		DAYS	HOURS	MIN	DEAD	10/1	/84 T	9	P
1		RTHPLACE (ST	TATE OR	76 CITIZEN OF WHA	AT COUNTR	RY?	8. MADDI	ED X NE	VED MADE	IED 🗆	9 BALTIMORE CI	TY OR COUN	TY OF DE	ATH	
1		TH CAR	OLINA	USA		-	WIDOW		DIVOR		Baltin	ore Ci	ty		M
G		altimo		11. NAME OF HOSP (IF NOT IN SUCH FACE Deaton Mo	LITY, GIVE STRE	ET ADDRESS)		er institu	TION		UAL OCCUPATION MOST OF WORKING LIFE O (RET IF)		NDUSTR	
5	13a ST		(IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE Y	13c CITY O			13d. INSIDE C	ITY LIMITS?		REET ADDRESS	ST AVE	NUE	21	15
1		THER'S NAME ALBERT		MIDDLE	BLÁ	ŜΤΚ		BE	LLA	ENNAMI	E		LAS	ST	
	16a: W	AS DECEASED S NO, OR UNKNO	D EVER IN U.S. ARM			SECURITY		17. INFOR		DGE	BLACK 431		URST	AVE	NUE
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	7	814	ns, if any, which	DUE TO, OR A				0.2.2.0							
	11	gave ris	se ta immediate	(b)			15.17						-		
		lying cau	stating the <u>under</u> - se last.	DUE TO, OR A	S A CONSE	EOUENCE O	F								
	N	PART 2 OTNER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED	D TD THE TERMI	NAL DISEASE	DR CONOITID	N GIVEN IN P	ART 1 (a)				76	1
0	ATION	19a DATE OF	OPERATION	19b. CONDITION	ON FOR WI	HICH OPERA	ATION W	AS PERFOR	MED?				20 AU	TOPSY?	
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1	U	UNDERLYING	CAUSE WAS OR NG CAUSE OF D	216. TIME OF I HOUR *** EATH 7: 08P.M.		0AY YEAR B/ 1984					n struck				
7	MEDICAL	21d. INJURY C		21e PLACE OF		(AT HOME,	211 LO	CATION							
2	£	AT WORK	NOT WHILE		ry, rakm, etc.	1			Rd, E	. of	Lyons Mi		lto.C	Co.,	Md.

220. I certify that I took charge of the remains described above, held an Inspection X and in my apinian death resulted fram: Accident Hamicide __ Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED. 10/2/84 Assistant

EXAMINER'S NAME Kauffman. Penn St (TYPE OR PRINT Gregory

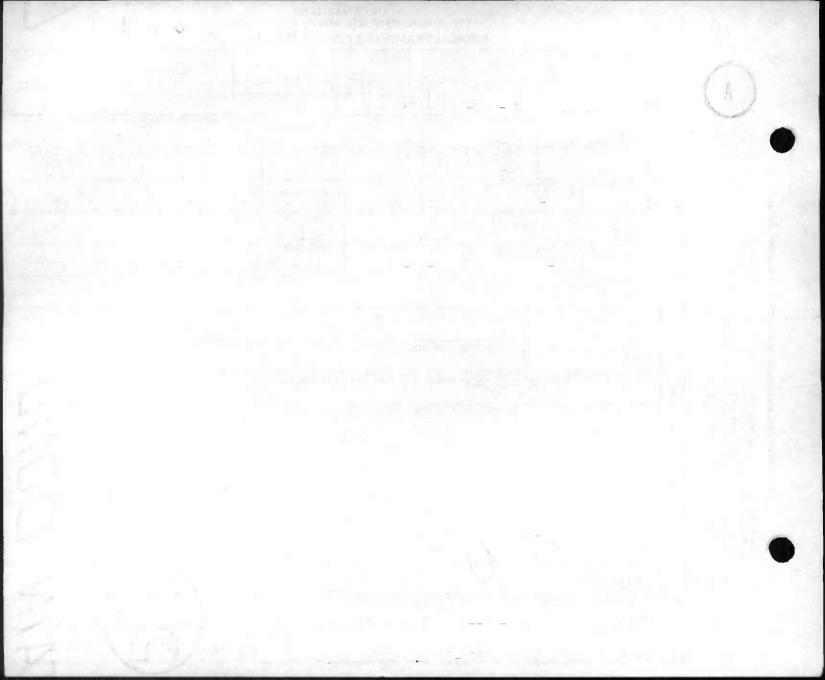
23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 10 - 6-84 MEM

23d. LOCATION

COUNTY Marylan

24 FUNERAL DIRECTOR ADDRESS PHILLIPS FUNERAL 1721-27 HOME MONROE ST

whia Davidson Randalle



STATE OF MARYLAND

FOR STATE REGISTRAR					MENT OF H			6.9	Brain	40	6 R	EG. NO).			
DECEASED NAME	E FIRST			WIDDLE			LAST		1		TE KNO		MONTH	DAY	YEAR	2b. HOUR
Titte outside	John			W.	•	Во	oth			DE A	F EST		10	-22	1984	M
3 SEX	4. RACE	5 DATE C	OF BIRTH	YEAR	6 AGE (IN YEAR		DER 1 YR.	IF UNDE	ER 24 HRS		ATE		HINOM	DAY	YEAR	2d HOUR 4:02
Male	White	1	14	18	66 YR	- Incore	3	1100.13	PA Is a	DE	EAD			-22		a. M
To BIRTHPLACE (ST	TATE OR	76 CITIZE	N OF WE	HAT COUN	ITRY?	8 MARR	IED X.X.NE	EVER MAR	RIED	9 BALT	TIMORE	CITYO	R COUN	ITY OF E	DEATH	Y
Marylan			U.S.			WIDOW	-	DIVOR			altin			46.		MD
10. CITY OR TOWN	OF DEATH	(IF NOT	T IN SUCH FAC	ACILITY GIVE ST	JRSING HOME,		ER INSTITU	TION			CUPATIO		OF WORK		ND OF BURNDUST	
Baltimon	ce				y Hospi	tal										
Marylar Marylar	nd 136 COUNT	R OTHER INST	ITUTION, GIV	13c, CITY	E BEFORE ADMISSIO Y OR TOWN altimo:		13d INSIDE O			REET ADD		Fu1	lton	ı Av	7e.2	1217
Samue		MIDDLE		Воо	tast th			FIRST	DEN NAME	E	MIDDLE		- 1		LAST	
160 WAS DECEASED		MED FORC		166 SOC	CIAL SECURITY	NO.	17 INFOR	MANT			AD	DRESS				
NO				217	7-85-4	184	Brer	ıda S	Simp	son	162	2 N	I. F	ult	on	Avenue
PARTIDE. Canditian gave ris	ns, if any, which se to immediate	D BY: TE CAUSE ((a) Ar JE TO, OR	rterio RAS A CON	osclero	OF	Cardi	ovas	cular	Dis	sease	5				SEE INTERVAL SEE AND DEATH
lying cause	stating the <u>under</u> ese last.	DU	E TO, OR	AS A CON	NSEQUENCE O)F										1

MEDICAL CERTIFICATION

190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSYS	NO [
210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART 1 C	R PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

death resulted ramy Natural causes XX

Hamicide ______ Undetermined manner

230 BURIAL, CREMATION, REMOVAL

Assistant

M.D.

111 Penn St., Balto., Md.

10-22-84

21201

EXAMINER'S NAME (TYPE OR PRINT)

Dennis F. Smyth, 10/236/84

23. NAME OF CEMETERY OR CREMATORY
King Memorial Park

Randallstown, county

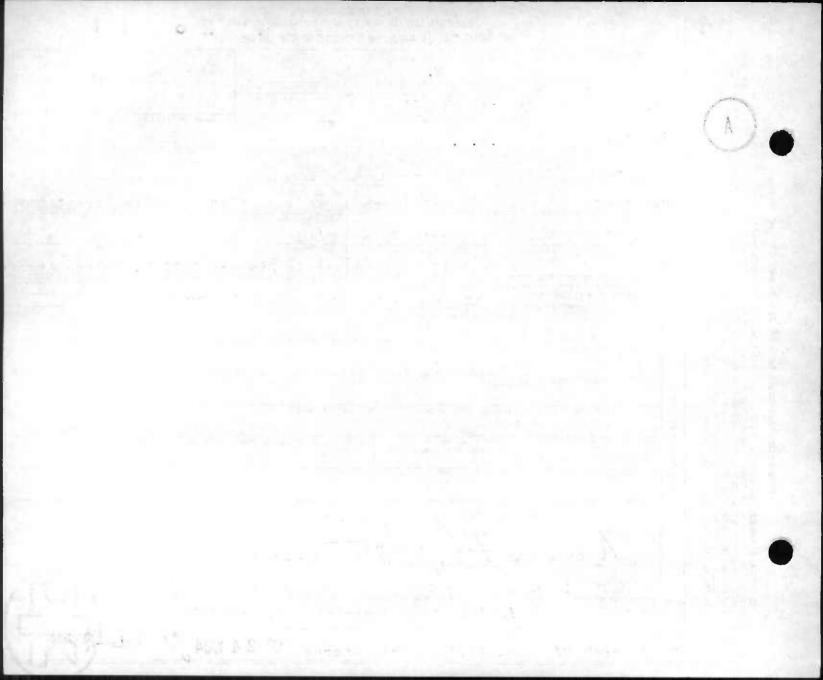
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DHMH - 17 (VR A15 ME (5) 20M 4/82

24. FUNERAL DIRECTOR

March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 20 REGISTRAR'S SIGN WIRE DAVIDOR MINISTER DAVIDA MINISTER DAVIDOR MINISTER DAVIDA MINISTER DA MINISTER D



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral eshauld be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 may the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or ather traumatic event, the medical exa

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

2 2 6

- 1		REGISTRAR			CERTI	ICAIL OI	PERM	REG. NO	D.		
- 1		EASED NAME EIRST		NODLE		AST		20 DATE OF DEATH	MONTH DAY YEA	26 HOUR	
1	{TYPE	ORPRINI) Lillia	N (/	4) v.	B	ORDE	ERS		10 04 8	42P M	
1	3. SEX	4	RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT			
1		Female	Bla		7 MONTH	3	28	56	YRS	AYS HOURS MIN.	
-		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF V	VHAT COUNTRY?	8 AA A DDIE	D NEVER	MAPPIED T	9. BALTIMORE CITY O	R COUNTY OF DEATI	,	
/	S	. Carolina		. A .	WIDOWE	D D	IVORCED [Ball	imere c	iny MD.	
	10 CI1	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INS	TITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		ID OF MISINESS OR	
4		city	Bon S	Ecours	Hosp	ital					
1	13a S	L RESIDENCE HE NOTSING HOME OR C		13c. CITY OR TOW		13d INSIDE	ITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
2	M	aryland		Baltime	ore	YESXX	NO []	776 Carr	oll Stre	et 21230	
	14 FA	THER'S NAME	(DDLF	LAST		15. MOTHER	S MAIDEN NAM	MÉ		LAST	
		Ike		eav		Be	atrice		Ham	mond	
	16a W	AS DECEASED EVER IN U.S. ARA		166. SOCIAL SECU	JRITY NO.	17. INFORM		ADDRE		mond	
	(4)		WAR OR DATES)	212-26			ara A.	Peay 776	Carrol1	Street	
		18. CAUSE OF DEATH (Enter only	one couse per l	line for (a), (b), an	id (c).	1			APT	PROXIMATE INTERVAL	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Cancer afr OVARY & metastasis									
1		DUE TO, OR AS A CONSEQUENCE OF									
		gove rise to immediate couse (a), stating the	R AS A CONSEOU								
		underlying cause lost	(c)	AS A CONSEOU	ENCE OF						
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PAR	T Ito	
	o o										
7	CAT	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20e AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED	
	CERTIFICATION							YES NO	YES 🗌	NO 🗌	
	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF	FINJURY M. MONTH D	AY YEAR	21c HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM IS PART I OF PART	12)	
ģ.	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A	ν.	19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE	FARM FIG.	211 LOCAT		CITY OR TO	wn COUNTY	STATE	
	Z	WHILE NOT WHILE AT WORK	(AT NOME STRE	EET, FACTORY, OFFICE	FARM ETC }	96	1 6.	10	/. 0-		
		22a.1 certify that (1) (this-haspite	d) ottended the	deceased from_	0 11	1/2	19_0	×, to	19 02	that (I) () lost	
		saw the deceased alive on above, (1) (we) (did) (did not	view the body	ofter depth	F4.0	nd that in (my) (eus) opinion o	deoth occurred on the do	ote and hour and from	the causes stated	
		226 SIGNATURE	0-4- 3	21-		DEGREE	1		22s, D	ATE SIGNED	
		Klay	In	Huy	/	UID	PHYSICIAN A	MEDICAL STAF		14/82	
1		224. PHYSICIAN'S NAME (TYPE OR	PRÁ/I)	, ,	1.1	22e ADDRE	SS	Λ -		11:	
L		KUANG-	YEN	Hur	1207		BON	Slive	us 1	140 Sp	
q		URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR		23d LOCATION	COUNTY	STATE	
	l '	BURIAL	10/9/	84 H	olly	Hill	Cemete	ry Baltim	ore Co,	Md".	

DHMH - 16 50M 4/83 (VRA 15, 4)

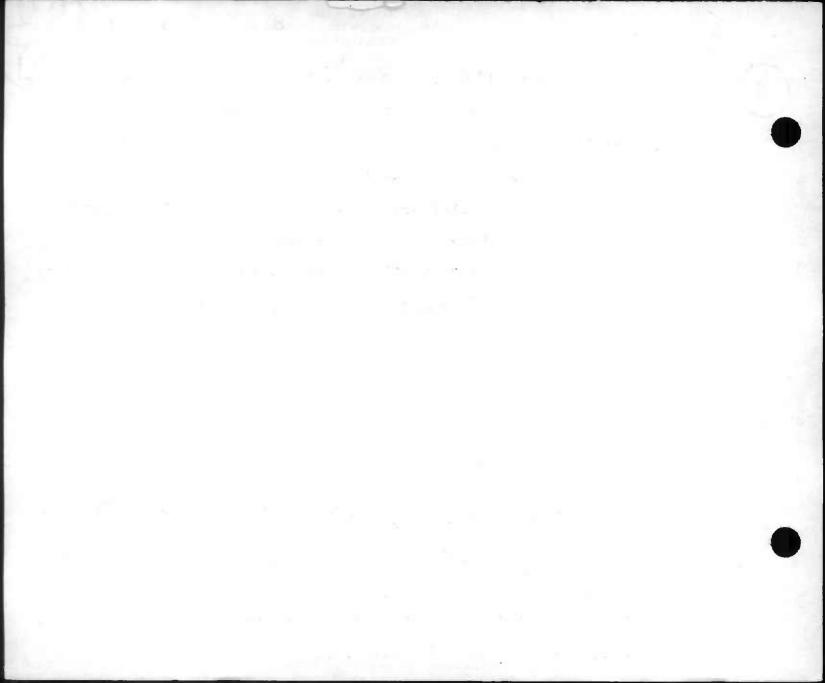
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etained by the hospital ar attending physician

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 1984



completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

executed within 24 hours

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requires that the

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

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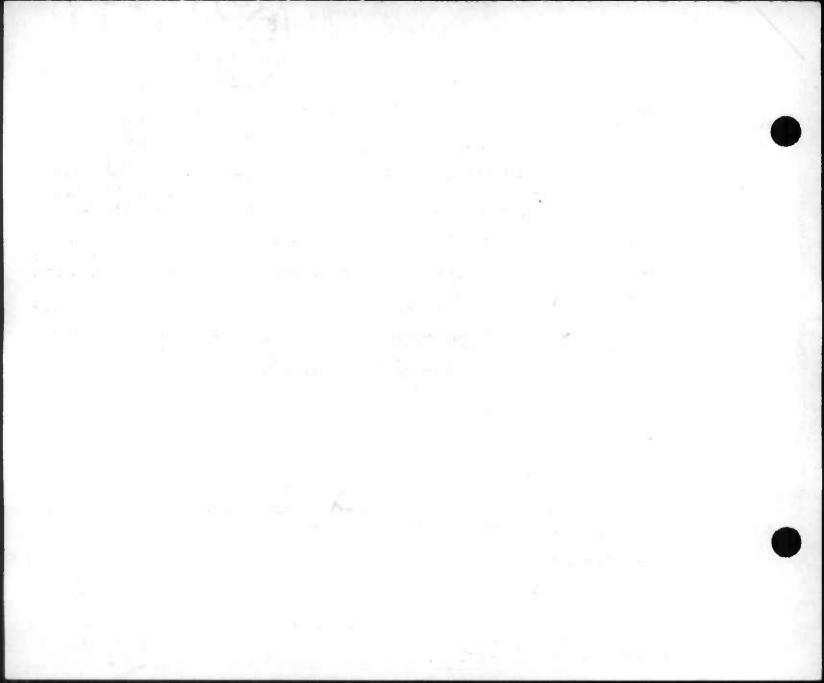
FÓR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE 4

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	REGISTRAR					REG. NO.		
	CEASED NAME FIRST	MIDDLE	ı	AST	2	a DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(ITPE	LOR!	ETTA	E. BOS	S	C	CTOBER 12, 19	84	9.001
3. SE	X	4 RACE	S. DATE C			AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE	WHITE	AUG	UST [□] 7, 19		74 _{YR}	S	HOURS MIN,
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	NEVER MARR	PIED 7	BALTIMORE CITY OR COU	NTY OF DEATH	
,	MARYLAND	U.S.A.	WIDOWE			BALTIMORE	CITY	M
10 C	BALTIMORE		ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS) LINGHAM ROAD	R OTHER INSTITUT		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN HOME MAKER		F BUSINESS OF
13e. S	ARYLAND BATHER'S NAME	NE OR OTHER INSTITUTION, GIVE R OUNTY 13c. (ALTO CTTY MIDDLE	RESIDENCE BEFORE ADMISSION) CITY OR TOWN BALTIMORE	13d INSIDE CITY LI YES k NO 15. MOTHER'S MA FIRST	IDEN NAME	se.STREET ADDRESS / ZIP CO 528 NOTTINGHA	M ROAD 2	it
	PETER	OAKJO			HELEN_	1000000	RA	UBA
	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	SOCIAL SECURITY NO.	HUGH M.	BOSS	ADDRESS 555 South Fl	lower St.	90071
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, OR AS	A CONSEQUENCE OF	terior	Centre Vleti	Cardiovaso	lan 44	ins +
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORME	D	(IN CE	YES, WERE FINDII	OF DEATH?
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.	URY MONTH DAY YEAR	21c. HOW INJURY	Y OCCURRED	YES NO SHUTTER NATURE OF INJURY IN ITEM	YES	NO []
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF IN		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this to	A 2/	19 84 . 0	nd that in (my)	opinion dec	oth occurred on the date and		
	27% SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							SIGNED F
	JOHN A	YPE OR PRINTING	or JR	1009 F	reda	id Rd, Cata	worlle 2122	(red
	BURIAL, CREMATION, REMO (SPECIFY) BURIAL	236. DATE 10/16/84		EMETERY OR CREMO		23d. LOCATION CITY OF TOWN PARKVILLE	MARYLA	ND STATE
	ROYAM RECTOR RUSS 30 EDMONDSON			OMES	250 DATE F	15 1984	GISTRAR'S SIGNA	gandell.

DHMH - 16 50M 4/83 (VRA 15, 4)



×	1	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYPE CATE OF DEATH	ENE 2	6 7	14
moy be pege 3 ter death				TABATHA RACE	S. DATE O	SSE.	20 DATE OF DEATH	O 22 8	YEAR 15 HOUR 445 A
(1)	3	70. BI	THPLACE (STATE OR FOREIGN 76) MARYLAND	COLLEGE OF WHAT COUNTRY U.S.A	? 8 MARRIED WIDOWE	21 84 DI NEVER MARRIED X	2000-0111	R COUNTY OF DEA	24 33 ATH MD.
	8	B	Y OR TOWN OF DEATH 11. L RESIDENCE (IF NURS) MICH. 211	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE LAW JUST STREET OF THE STREET OF T	ADDRESS) Z		120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDL	SIND OF BUSINESS OR USTRY
d within 2x and a second secon	30	A FA	THER'S NAME FIRST MID	1110 4 1 45(0)	ESSEX	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM FIRST		c River	Neck Rol' ensczkawsk
tion and con	2		AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (# YES, GIVE W	AR OR DATES) Non	L	17 INFORMANT Med Recover	d.	SS	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ording physicordenses			18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	DUE TO OR AS A CONSEQU	IENCE OF				0
that the de- siby, the atta al, cremation or other traus			Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.	(b) RESPECAU DUE TO, OR AS A CONSEOL (c) SULCEPTE	JENCE OF		brane dis		thrs
requires the signer or to burn		HON	PART 2 OTHER SIGNIFICANT COM						
The low on a has be if permit	7	RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO		200 AUTOPSY?	YES 🗌	AUSES OF DEATH?
SECIANI ing physic cartificati unicitroni Mental Hyg Mental Hyg	9	NCAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21% TIME OF INJURY HOUR A.M. MONTH I P.M. 21% PLACE OF INJURY	DAY YEAR	216. HOW INJURY OCCURRE	ED (ENTERNATURE OF INJUR	RY IN ITEM (8 PART) OR P	ART 2)
or after the total of the ond A		MEDIC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR 10		
Neightal of Neightal of Neightal of Neight of Neigh of			220.1 certify that (1) (this haspital) saw the deceased alive on above, (1) (we) (did) (did not) v 22b. SIGNATURE	10-22 19	FL/ or	d that in (my) (aur) apinion de	eath accurred on the de	ate and have and fro	, mar (ii (we) iasi
HOSPITAL Ined by the PUNERAL Dubt be deto th the Stoke C	1		PHYSIQIAN'S NAME (TYPE OR PR	earl Ms		ATTENDING PHYSICIAN	MEDICAL STAF		0.29.84
0	+	7	URIAL, CREMATION, REMOVAL	12/2/-	NAME OF C	LVTHERAN		D. M.C	2
HMH - 16 50M 4/83 (VRA 15, 4)	3	24 FU	be speaked	by jamily	ncre	hay OCT	REC'D BY REGISTRAR 25 1984	25b. REGISTRAR'S S	C'Achdele

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STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYPENE

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I. DECEA	SED NAME FIRST	M	IDDLE	L	AST	2	e. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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		CITIZEN OF	VHAT COUN	TRY? 8 MARRIE	D NEVER MAR	PIED 4	BALTIMORE CITY	OR COUNTY	OF DEATH	
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III. CITY	OR TOWN OF DEATH		FACILITY, GIVE,S	TREET ADDRESS)	Gen. Ho		TYPE OF WORK FOR MOST Supervi	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
TISUAL R	RESIDENCE (IF NUIL HIGHE OR O				Gen. no	sp. I	Supervi	SOL	Cate	ring
USUAL R	MD. A.	Y	13c. CITY OR		134 INSIDE CITY	LIMITS? 1:	4336 Ani	zip code napoli	s Rd.	(21227)
14 FATH	ER'S NAME	DDLE	LAST		15. MOTHER'S MA		MIDDLE		LAST	
Y	CHARLES "	H. BOW	ERSOX		7183	ELIZ	ABETH E			
	DECEASED EVER IN U.S. ARM	ED FORCES?		SECURITY NO.	17. INFORMANT		ADDI	RESS		
I	OOR UNKNOWN) (IF YES, GIVE	THE OR DATES	215-	01-719	6 Lill	ian D	ooley (same a		
18.	PART I. DEATH WAS CAUSED IMMEDIATE	BY.	line for (a),	S.C	·VX				BETWEEN	MATE INTERVAL ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF									
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CERTIFICATION 110	DATE OF OPERATION	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		WERE FINDIN	
	ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OI HOUR A.A	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRE	ENTER MATURE OF IN	URY IN ITEM 18 A	RT 1 ON PART 2)	
W V	d. INJURY OCCURRED WHILE NOT WHILE WORK	210. PLACE C		FICE FARM, ETC.)	211 LOCATION STREET		CITY OR I	OWN	COUNTY	STATE
22	22e.1 certify that (1) (this haspital) attended the deceased from 1911 1984, to 1931 1984 and that in (my) (our) apinion death occurred an the date and haur classes, (1) (wey (right) (did, ng) view the bady after death.									that (I) (we) last causes stated
22	b. SIGNATURE		40	70/2	DEGREE ATTE PHY	NDING SICIAN	MEDICAL ST.	AFF ICIAN (2)	22c. DATE S	31/84
22	SOHN F	FOL A	1/3	oler	BOX 8	8 5/3	614 300	1 5. HA.	voven same	ST
23a. BUR	IAL, CREMATION, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION			
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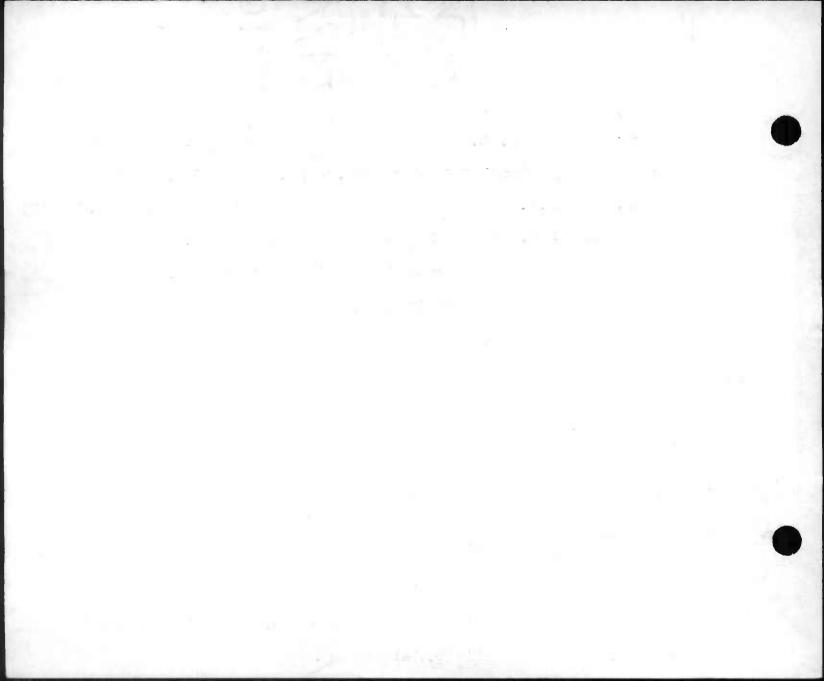
DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, th

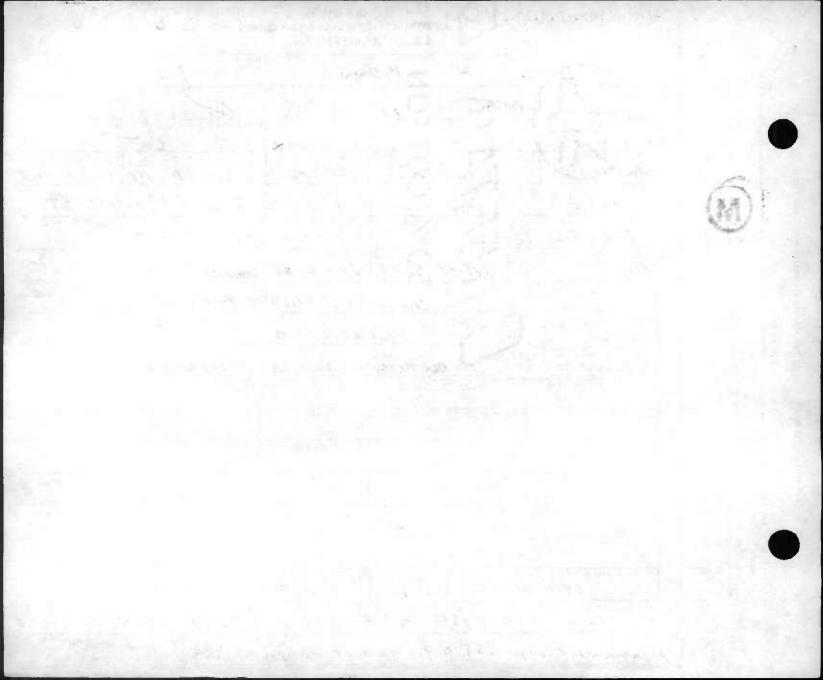
(VRA 15, 4)

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. NOV 2

wie Davidson-Randells



	(TYP)	OR PRINT)	EARL	MIDDLE	BOYD	20 DATE OF DEATH MONTH	Sy YEAR 2h HO
ours after	3 SE	MALE		sek	5. DATE OF BIRTH MONTH DAY YEAR 1 0 7 1	6 AGE (IN YEARS LAST BIRTHDAY)	
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Then r ta bu	Ō			NIDITION COD WILL	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USI
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HYSICIA nding ph	his certification by Mental	ed or Item 18 shows on
DIVIS	OL Offer	2: After the use os the ealth and	s morked
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 now citer it. Th. Page 4 may be ; retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletel, filled in the first of director, page 3 should be detached for use as the businl-transit permit. Then please remove carbon pages? Page 1 and 2 th suffers that it is about death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical examine murror natural all pace.
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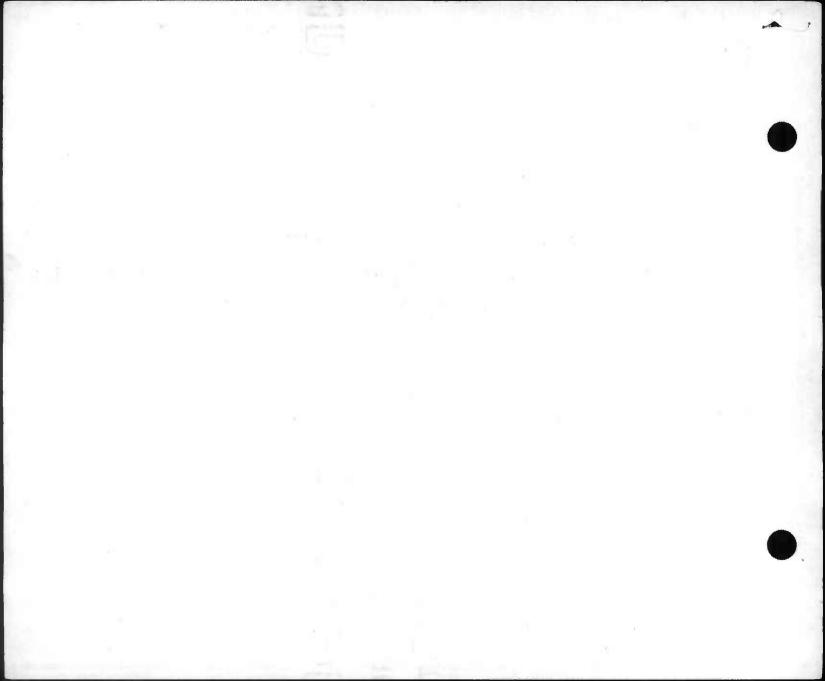
DHMH - 16 50M 4/83 (VRA 15, 4)

1	I	tems #5&6, fg59			E OF MARYLAND	0 /	7 1 7				
	1-	FOR STATE REGISTRAR	DEPARTA		ICATE OF DEATH	PENE 4 2 0	/ 1 /				
		CEASED NAME FIRST	WIDDLE		AST .		DAY YEAR 26 HOUR				
	(TYPE	John	В	oyd		10-25-84	M				
	3. SE)		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR FUNDER 24 HRS				
7		Male	Black	Mar		78 yrs.					
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
2	10.01	Md.	USA	WIDOW	D DIVORCED	Baltimore,	City MD.				
G		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS]		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE					
7		Baltimore AL RESIDENCE (# NURSING HOME O	Provident Ho		al	Retired	Swift CO.				
6	130 S	STATE 136 COU	INTY 13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE					
-	I4 FA	Md. THER'S NAME	Balto.		IS. MOTHER'S MAIDEN NAM		St. 12130				
0		FIRST	H. Boyd		Miriah	niddle BO'	LAST				
Ĭ		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS 21	7 Henson Rd.				
	{1	YES, NO OR UNKNOWN) (IF YES, GI	2 215-05-	9369	John B. Ell	Lison Glenn B					
		18. CAUSE OF DEATH (Enter o		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PULMONARY CMBOLISM									
		DUE TO, OR AS A CONSEQUENCE OF LATER TO BE TO THE TOTAL OF THE PARTY O									
		Conditions, if ony, which gave rise to immediate	ATLUKU								
		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NSE OF	TENGUE	C-11 DIS					
			CONDITIONS CONTRIBUTING TO D	POIL	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	ENTIN DART 100				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO L	ZEATH OUT	NOT KEERTED TO THE TERM	INAL DISEASE ON CONDITION ON	CIVILAT ANT TIO				
-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?				
_	TIF						S NO				
0		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	AY YEAR	214. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)				
7	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		WHILE AT WORK AT WORK			2/0/ 17	whol	84				
	48	saw the deceased alive o	pital) ottended the deceased from_	4 .	nd that in (my lour) apinion of	death occurred of the date and hour	that (I) (we) last				
		abovy, (I) (ye) (did) (did n			DEGREE		22c DATE SIGNED				
			XIM My	7~	MA STENDING HYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN					
		22d. PHYSICIAN'S NAME	OPRINI)		22e. ADDRESS	J DIRECTOR FITTSICIAN	" 7				
		COHA	BBRARTOH	UR	. 2600 L	100My ATS	1021215				
		BURIAL, CREMATION, REMOVA		NAME OF C	CEMETERY OR CREMATORY	23d LOCATION					
		Burial	10-30-84	Md.	Veteran Cem	. Crownsville					
	24. FL	UNERAL DIRECTOR	ADDRESS		25a DAT	E REC'D. BY REGISTRAR 25 BEGIST	RAB'S SIGNATURE ayason-Randall				
		Chas. A. Rice		w Pl	ace UU	4 9 1984					

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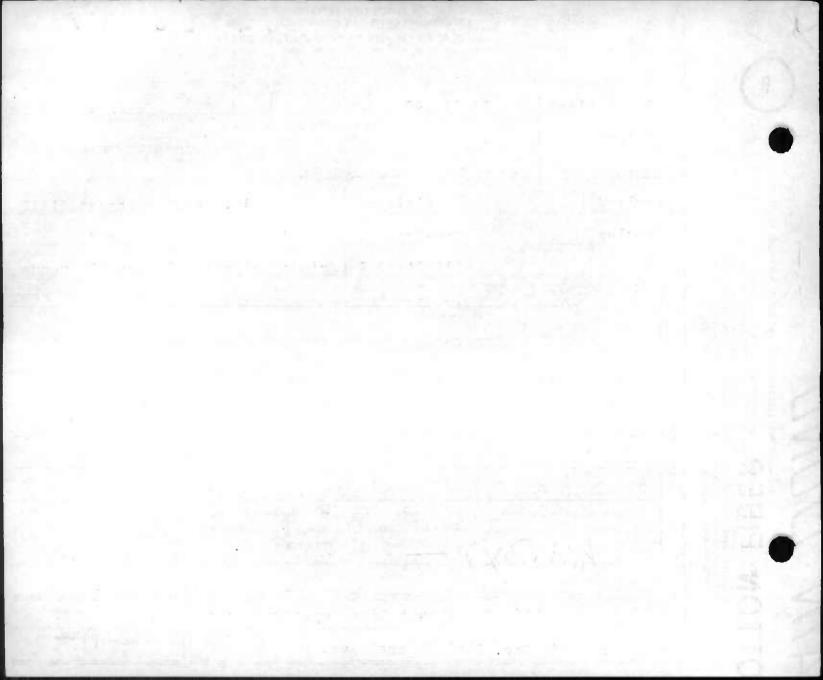
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1	1.	FOR COUTERSTATE REGISTRAR	DEFARIM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	5 / 1 8
for, page 3		CEASED NAME ON PRINTI	William 4 RACE R	Bo y d	20 DATE OF DEATH MONTH	FUNDER I YEAR FUNDER 74 MIS
ther decom Page A	M	RTHPLACE ISTATE OR FOREIGN DUNTRY) ARYLAND TO TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	MARRIED ☐ NEVER MARRIED ☐ DIVORCED ☐ DIVORCED ☐ SHOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	UNITY OF DEATH TIZE WIND OF BUSINESS OR
I within 24 hours of pletely filled in by and 2 should be fill dminer must be not	130.	ATHER'S NAME	PALLINGUE NUTUR V	ADMISSION) 134. INSIDECITY LIMITS?	130 STREET ADDRESS 1209 POPUL C	Z/2/6
Pages I o	Iáo V	AEZ		SYI Sevilla Car	Truman ADDRESS	Liberty Height APPROXUMATE INTERVAL APPROXUMATE INTERVAL APPROXUMATE INTERVAL APPROXUMATE INTERVAL
equires that the death certing in signed by the attending p. Then please remove corban to burial, cremation, or remainty, or other froumatic evi	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c)			N GIVEN IN PART 1(0)
SiCIAN The low re ng physician. certificate has beer prioritransit permit tental Hygiene prioritem 18 shows any item 18	AL CERTIFICATION	190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	206 AUTOPSY? 206. YES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO EM 18, PART 1 OR PART 2)
DING PHY or ottendid Se os the bu	MEDICAL	(IF EITMER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1)	one ded the deceased hold	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
intal Carattic by the hospitical of the control of		sow the deceased plive of above, (1) (we) and I did no 27% SIGNATURE 274. PHYSICIAN'S NAME 11110	1) view the body ofter death.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [272. DATE SIGNED
TO HOSPITAL retoined by to FUNERAL should be der with the Stote IMPORTANT.	- (SURIAL, CREMATION, REMOVAL SPECIFY BURIAL	236. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	234 LOCATION Brontown Balto.	county State Mary Land
DHMH-16 20M (VRA 15, 4) 7/7B		INGRAL DIRECTOR Dyett		iberty Heights	E CECID BY THE STRUCK R	EGISTRANS SIGNATURE



20M 4/82

STATE OF MARYLAND



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion. FOR STATE CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE

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L	REGISTRAR	CERTI	TICKIE OF BEATH	REG. NO.	
	1. DÉCEASED NAME FIRST WILLIAM	- 0	LAST	10/9/84	26 HOUR 954 M
	3 SEX Male 4. RA	Slack MONT	OF BIRTH DAY 25 1918	65 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN.
1	70. BIRTHPLAGE (STATE OR FOREIGN 76. C COUNTRY) Maryland	U. S. A. WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Baltimore City	OF DEATH MD.
	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Security Guard	126. KIND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR OTHER 130, STATE 13b COUNTY Maryland	RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13(CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 3207 Bu Baltimore, Maryl	arleith Avenue
	14 FATHER'S NAME FIRST WILLIAM	Boyd	15. MOTHER'S MAIDEN NA FIRST Hattie	MIDDLE	Hatchett
	160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) Yes WW I	OR DATES)	17. INFORMANT Elaine Boyd	3207 Burleith Av Baltimore, Maryla	
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	Tud mo	an factor	le	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF OCITIONS CONTRIBUTING TO DEATH BU	Massive Thot related to the term	A	ricial bluck
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING : :	19b. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART T OR PART 2)
	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this hospital) a saw the deceased alive an above, (I) (we) (did) (did not) view	10/9 19 87	and that in (my) (aur) apinion DEGREE	death occurred an the date and haur	
	22h SIGNATURE MAIN	ingue p	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢, DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE OR PRIN RICHARD L	LMANRIQUE	Siua	i Hospital	
	(SPECIFY)		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
			wn Cemetery		more, Maryland
	NAME	501 Gwynns Falls Pa altimore, Maryland		TEREC'D. BY REGISTRAR 256. REGISTR	
-					

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corporations with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT: If them 21 is marked or them 18 shows any injury, as ather traumatic event, the

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Baltimore Sinci Assiltal Security Guars Clevclet 3207 Burleite avenue

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Sold Battie Battie

Filliam Boyd Hattie Batterett Surleting Average 1982 Surleting Average 1982 Staine Boyd Britisore, Maryland 21215

Entembment 10/13/1986 Loodlatt Cemetery Naturn R Sons 2501 Synns Palls Farkary Energy Bontino. Seltimore, Daviend 21216

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SINGLE SEE STEEL TOOL

Reltimore City

Linking

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26121

	REC	GISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
1	1. DECE AS	SED NAME	FIRST		AIDDLE	100	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
ł		E	thel	2	•	Boye	r	Oct. 14,	1984		11:45 PM
	3. SEX	emale	4	RACE	ite	5 DATE (DAY YEAR	6 AGE (IN YEARS LAST I	SIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	7a BIRTHP	PLACE ISTATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
9	St.	Mary's		U.S		WIDOWE	DIVORCED	Balto.	City	7	MD.
		Balto.	ATH 1		iospital, nursin Hracility, give street i Frederick	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA ITYPE OF WORK FOR MOST HOUSE WI.	OF WORKING	LIFE) 126 KIND O INDUSTRY	F BUSINESS OR
	I30 STATE	Md.	13b COUNT	THER INSTITUTION Y	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Balto.	admission) V		130 STREET ADDRESS	lerick	2/ Ave.	229
	14 FATHER Ch	r's NAME Larles	W.M	DDIE Ma	gill		Ida FIRST	ME Ruth		Graves	1
I		DECEASED EVER		ED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANTE 7 Pi	ckergill ADD	RESS OV	vings Ni	lls, Md.
	n	0			219-22-0	0506	Mrs.Ruth Quin	nn		21117	
1	18 0	PART I. DE ATH W	H (Enter only	one couse per	line for (a), (b), and	(c).)	1 1			BETWEEN	MATE INTERVAL DNSET AND DEATH
1		PARTI. DEATH W	IMMEDIATE		Cardia	0/	THAT.	30	100	_	
1				0115 70 01		100.05			711111		
1	Car	nditions, if any,		DUE TO, OI	R AS A CONSEQUE	NCE OF	COOD			_	
ı		ve rise to imr		(b)_	- CVOLL		alatelle			-	
ł		use la statir derlying cause		DUE TO, OF	AS A GONSEOUE	NOE OF					
ł	-0110	derlying couse	1031	(c)	HYDON	1000	sion				
1	PAR	RT 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	NTRIPUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 10	
1	9										
	CERTIFICATION 190° C	DATE OF OPERA	TION	19b CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	
1	000	ACCIDENT WAS UNI		21b. TIME O	FINJURY M. MONTH DA	Y YEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART 1 OR PART 2)	
4		CONTRIBUTING []		P./		19					
1	21d.	INJURY OCCUR	RED	21e. PLACE (211 LOCATION	CITY OR I	OWN	COUNTY	STATE
ı	X WHI	ORK NOT WE	HILE	TAT HOME STR	EET FACTORY, OFFICE FA	RM, ETC)	SIREET	CITYORI	OWN	COUNIT	STATE
1	22 a. I	I certify that (I)	Whis hospita	to attended the	deceased from_	1/4 /2	, 17-4-14) to	21		that (I) (we) last
ı		sow the decessor	ed alive on	1035	fin death.	27 . of	nd that in (my) (oor) apinion o	death accurred on the	date and ha	our and from the	couses stated
1	22b.	SIGNATURE	1		/		DEGREE			22c. DATE	SIGNED
			M	7/		M.	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN [10	1704
	224	orge	HC	donez	Smith	ML	2601 E	- Mono	more	1 5%	Ĺ
	230 BURIA	Cremation, Cremati	removal ion	Oct.	18, 1984 We	AME OF C	emetery or crematory ew Cemetery	Cattonsvi	,	Ballto.	Marie Md.
		al Director S	chwak	35	12 Fred	erick	Hre, 250. DATI	REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	£ 82
ľ	Mille				# 67	100	Inct	0 7 1084	-40/400	A !	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and combinity should be detached for use as the burial-transit permit. Then please remove carbon papers. Paper 1 and 3 the with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

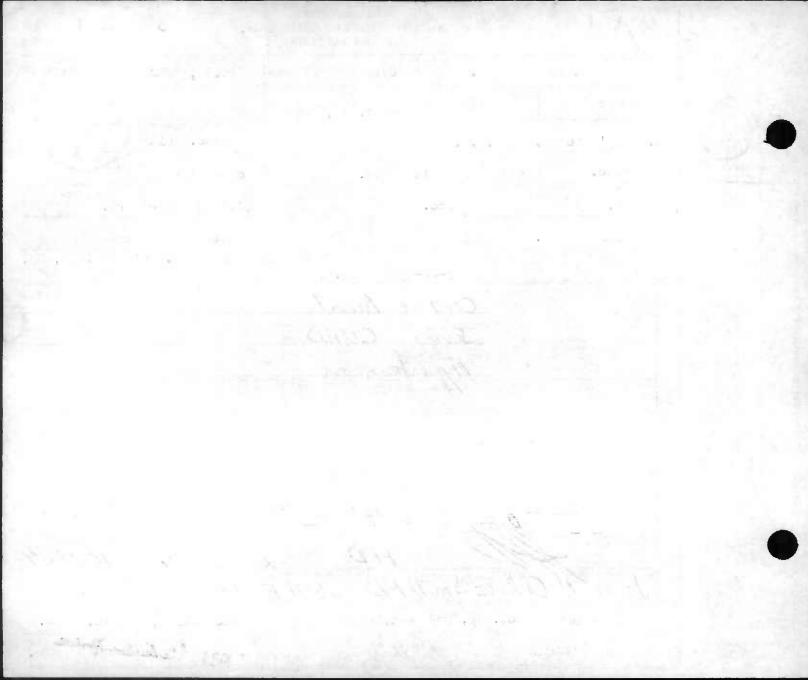
ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician.

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IMPORTANT: If Hem 21 is marked ar Item 18 shaws any



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Ī	1-5	OR STATE REGISTRAR			STATE DEPARTMENT OF H DICAL EXAMIN	HEALTH		6 9	G04-52	2 6 REG. NO	1 2	2 2	
	1. DEC	EASED NAMI	E FIRST ROBER		=\wood		LAST	Sr,	2e. DATE	KNOWN K ESTI- H MATED	10	DAY YEAR 5 19 84	2b. HOUR
	3. SEX	A/E	4 RACE	SEPT. 30 1	939 45 YR	Y) MONTH	DER I YR. IF	UNDER 24	HRS. 2c. DA AIN. PRONOI DE	UNCED	10	5 ₁₉ 84	1:30 PM
5		RTHPLACE (S REIGN COUNTRY)	Forest Hill	76. CITIZEN OF WH	AT COUNTRY?		ED NEVER	MARRIED OVORCED		MORECITY O ltimore			MD.
8		altimo		(IF NOT IN SUCH FAC	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) ity Hosp.	OR OTH	ER INSTITUTIO	N I	POR MOST OF W	ORKING LIFE)	OF WORK	OR INDUST	RY
5	13a. ST		(IF IN NURSING HOME OF	R OTHER INSTITUTION, GIV	134. CITY OR TOWN	1	13d. INSIDE CITY I		STREET ADD		VE	21221	9
30	14. FA	THER'S NAME		WIDDLE	BOYET			PEI	B	MIDDLE		11:01	
2	(YE	AS DECEASES S, NO, OR UNKNO		WAR OR DATES)	166. SOCIAL SECURITY		Mr. Clau	I dE E	734-73 BOYER	1204 BELA	Schud in Ma	KS Road	014
	NC	Condition gave ri cause (a lying cau	ns, if ony, which se to immediate) stating the <u>under-</u> use last.	E CAUSE (o) M DUE TO, OR (b) DUE TO, OR (c)	INSTANCE OF THE TERM	OF OF							
1	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORME	D?				20 AUTOPSY	? NO []
133	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d INJURY O WHILE AT WORK	CAUSE OF DOCCURRED NOT WHILE AT WORK	21e PLACE C STREET, FACTI gar	INJURY MONTH DAY YEAR TO-5- 1984 INJURY (ATHOME, ORY, FARM, ETC.) Cribed obove, held on	1 Su 21f. 10 545	bject v	vas s	CITY OR	TOWN	cou	alto.	state Md
-2		deoth result	NAME Ann M	ol couses	Accident , Su M.D.	icideM	Homicide TITLE (SPEC D. ASSIS	stant 11 Pe:	Undetermined _MEDICALEX. nn St.,	monner, AMINER Balto.		21201	
	1	JNERAL DIREC	TION, REMOVAL 2	04.9,1984 50 W.T.	132. NAME OF CEN Mt, Zion M Broadway & W Mr, Maryland	ueth'c	h. CEMET	Ery	23d. LOCATION CITY OF TOWN BEL AU C'D. BY REGIST	Harr Cord C			O14

(VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND

	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO			Gina		
		CEASED NAME FIRST	٨	AIDDLE	L	AST		MONTH	DAY	YE AR	2h HOUR	
	(TYPE	OR PRINT)	LIAM	C	DE	RADLEY	58 L	10	6	84	12:30	20.44
	3. SEX		4 RACE	3	5. DATE C		6 AGE (IN YEARS LAST BIRT			R I YEAR	IF UNDER 2	
		ale	Whit	0	MONTH	/23/1924 YEAR	59		MONTHS	DAYS	HOURS	MIN.
1					11/	23/1924		YRS		ATU		
-	C	OUNTRYL		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	K COOM	I I OF DE	AIR		
)		aryland	U.S.		WIDOWE		BALTIMO		YTT			MD.
-		altimore	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATE LIVE OF WORK FOR MOST OF Truck Drive		LIFE) INC	Oil	F BUSINES	SOR
2		L RESIDENCE (IF NURSING HOME		900 LOCH F		J_BLVD_21218	Truck Drive	~_		OTT		
	13a. S			Baltimore		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2814 Pula	zır ço aski	DE Hwy.	2.	L224	
	14. FA	THER'S NAME	54.438			15. MOTHER'S MAIDEN NA						
-	W.	illiam	E.	Bradley	Y	Sophia	Caroline		Un	know	vn	
	16a W	AS DECEASED EVER IN U.S. A		166. SOCIAL SECURI	TY NO.	17 INFORMANT	ADDRE		acht c	100	/Camo	120
	Y	es no or unknown) (W	TT AR OR DATES)	218181694	1	VAMC 3900 I	nary Brandt OCH RAVEN B	IVD	212	18	(Same	T26
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUEN	CEOF	Ocal la	a to Liv	er				
			(c)	Probat		1,00,40715	Or. gm					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	SIVEN IN	PART III		
	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	TIFYING		NGS USED OF DEATH	1?
-	ER	210. ACCIDENT WAS UNDERLYING	216. TIME O	F IN IURY	-	21c. HOW INJURY OCCUR	200		YES D	DAPT 2)	140	
		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DAY	YE AR	THE HOW INSORT OCCUR	(ENTER NATURE OF INJUR	T PS TIEM I	a PARTION	PART 2)		
	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	City On 10			VINIY	St	415
	M	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FAR	M ETC }	STREET	CITY OR TO	MN		ONT	51/	ATE.
		220.1 certify that (X)(this has sow the deceased alive of above, (Y (we) (did X)(X)	octobE	R 6	FPTI 4	MBER 20 19 84 nd that in (my) (our) apinion	, to <u>OCOTBER</u> death occurred on the do	6, ote and h	1984 our and f	rom the	than (w causes stat	e) last ed
	10	22h. SIGNATURE	view the body	atter death.		DEGREE			77	C DATE	SIGNED	
	15	1	Jun.	MID		ATTENDING PHYSICIAN	MEDICAL STAF			10/	6/5	4
Ī		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	A Verille			1	70	
		1/1 : 1/1		. >		3000 LOCK	I DAVIEN DIVI	DAT	TIMO	DE	MD	2121

TO FUNERAL DIRECTOR: After this certificate has been

should be detoched for use as the buriol-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

morked or frem 18 shows ony

IMPORTANT: If them 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. Cremation

236. DATE

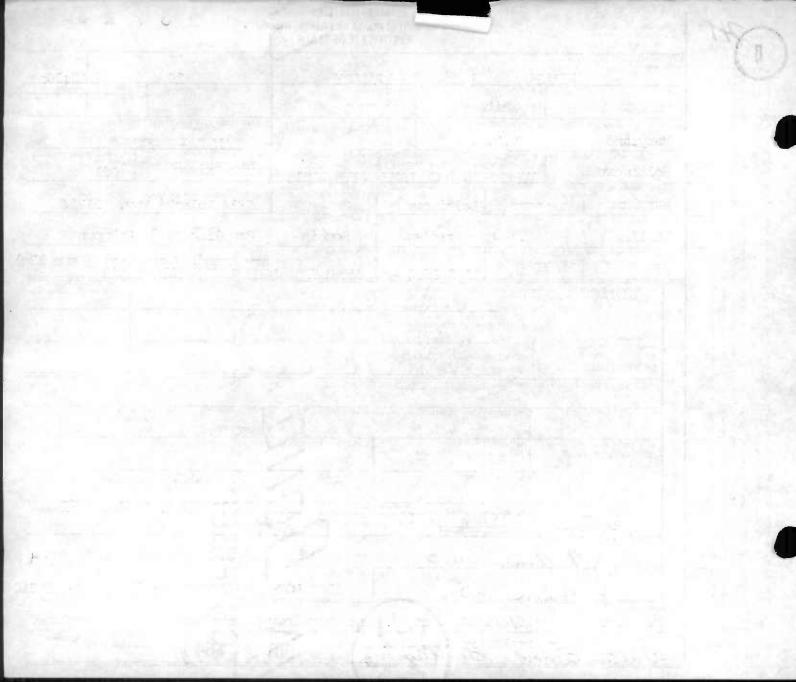
23c NAME OF CEMETERY OR CREMATORY Green Mount Crematory

Maryland

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc.

10/8/1984

OCT 9 1984



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbonapapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exo

STATE OF MARYLAND	RYLAND	MARY	OF	STATE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26/24

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME	HARLE		NN ON	BRA	NUM	20 DATE OF		DAY YEAR	26 HOUF	_
3. SE	MALE		WHIT:	E	5. DATE C	F BIRTH 4- PAY 2- 1912		EARS LAST BIRTHDAY) YRS	MONTHS DAY		MIN.
111	RTHPLACE (STATE OR F COUNTRY) VIRGINIA TY OR TOWN OF DEA		11. NAME OF	S.A HOSPITAL, NU	MARRIEI WIDOWE	D NEVER MARRIED	BAI	TIMORE C	ITY OF DEATH	OF BUSINES	MD.
	BALTIMO		ST. AC	NES HO	SPITAL		LABO	RER	CHE!	IICAL	
13a S	AL RESIDENCE (# NURS STATE MARYLAND	136 COUN		13c. CITY OR		YES NO	2620	DDRESS / ZIP CO		21228	
	THER'S NAME FIRST REENIE	M	NIDDLE	BROWN		15. MOTHER'S MAIDEN NA/ GEORGANNA		WIDDLE	HICKS	A S T	
	VAS DECEASED EVER VES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO.	MR.SAMUEL BE	RANUM	3500° PL REISTER			
z	Conditions, if ony, gave rise to immr couse (o), stotin underlying cause PART 2. OTHER SIGN	mediate ng the lost	(c)	R AS A CONS	EQUENCE OF	CARCINUMA PINARY IN	THE	LUNG-		10	
CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20e AUTO	IN CER	YES, WERE FIND	S OF DEATH	H?
MEDICAL CERTI	216. ACCIDENT WAS UNION OR CONTRIBUTING (FEITHER, NOTIFY MEDION OF THE INJURY OCCUR) WHISE (FEITHER, NOTIFY MEDION OF THE INJURY OCCUR) ALL WORK (FEITHER)	CAUSE OF DEAT CALEXAMINER) RED	P. 21e PLACE	м. монтн м.	19	21c. HOW INJURY OCCURE 21f LOCATION STREET	RED (ENTER NA	TURE OF INJURY IN ITEM I	YES DIB PART I OR PART ?	NO St	ATE
	22a. I certify that (I) saw the decease above, (I) (we) (c) 22b. SIGNATURE	ed olive on_			.19, or	, 19	MEDICAL	d on the date and h	hour and from th	that (1) (we couses stored of the SIGNED of 13/	
	BURIAL, CREMATION,	AME !	PRINT) 5 E. (23b. DATE	TAYL	231. NAME OF C	22e ADDRESS 57 /4	167VE	s Ho	SPIT	AL	ATE
	PITETAT.		10/1	6/84	MEADPWR	IDGE MEN PK.	ELKR		WARD	MD 3	

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4) FUNERAL HOME

FOR

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P.O.P.W. 268 ELLICOTT CITY, MD 21043

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 19 1984 Lina Savidson Randore

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対象の発症		CEASED NAME	CHU	JCK	ALLEN	4 BRA	TTEN	2a DA	ATE KNOWN OF ESTI- ATH MATED	□ 10 - 1	13-84,	2	
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AND 3	Mar Mar		136 COUN Harfo	VIY	13t. CITY OR TOWN Aberdeen	YE:	NSIDE CITY LIMITS? S INO NO NOTHER'S MAIDE	403 LA	DDRESS Plaza	Court	/21001		
# 0 1 2 2 W	0.00	William		MIDDLE	Bratter		Denise	IN NAME	WIDDLE		Reynol	ds	
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Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

	1-	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND SEALTH AND MENTAL (1) FICATE OF DEATH		6/2	6
	(TYPE	CEASED NAME FIRST	MIDDLE	Br	rice	REG. N 20. DATE OF DEATH	9 30 8	495
		Male RTHPLACE ISTATE OR FOREIGN	Blac	S DATE (DAY YEAR	9 BALTIMORE CITY O		AYS HOURS
34	V	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOW		Baltimore	City ION 126. KIN	ID OF BUSINES
	Bouse	altimore AL RESIDENCE (IF NURSING HOME CO	R OTHER INSTITUTION, GIVE RESIDER	HOSE	pital	Th mo	/ -	JA
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medical		VAS DECEASED EVER IN U.S. A	Br	1 C Q AL SECURITY NO. 7-32-668	A Ber	ta ADDR	Me Cross	LAST
oumatic event, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which		able o	cordiac		+	ROXIMATE INTERV EEN ONSET AND D
njury, or other tr	7	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF	ic pane	reatic	CA, 6	1 1(0)
haws ony inju	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
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n 21 is marked o	X	WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased alive or above.	ital) attended to decease	from 9	nd that in (my) (our) apinio	4_, to 9/3	19 35 ate and have and from	the couses stat
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IMPORTA	23a. E	SURIAL, CREMATION, REMOVAL	ON NP //	23c. NAME OF C	1954 FOR	23d LOCATION	Stree	STATE

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

24 FUNERAL DIRECTOR

ADDRESS

250. DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE

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FOR

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ANGIENES CERTIFICATE OF DEATH

26127

١I	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME	avoly		MARIE	Brick	house	2a DATE OF DEATH MONTH	11, KSY	26. HOUR PM
	3 SEX	Pemale		Cana	COS Lam	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	-	HOURS MIN.
	9	Maryland		b. CITIZEN OF V	.A.	WIDOWE		Baltimore City or coul	ity	MD
4	В	ty or town of de. altimore		(IF NOT IN SUCI	nai Hos	spital	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN Homemaker	G LIFE) INDUSTRY	ome
5	130. S Ma:	ryland	13b COUN		Baltin	OWN	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS / ZIP CO		21211
2	(THER'S NAME OSCAT Will	iam W				15. MOTHER'S MAIDEN NA FIRST Edna	MIDDIE	1	.51
		(AS DECEASED EVER ES, NO OR UNKNOWN) NO		WAR OR DATES)		29676	Thomas J. Wi	7.0011200	Same	
		PART I. DEATH W	VAS CAUSEE	BY:	Bracist	Canc	er, meta	statie	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		Conditions, if ony gove rise to imm cause (o), statis underlying couse	mediote ng the last.	(c)	R AS A CONSE	EQUENCE OF	NOV DEL AVED TO THE YEAR	ainai disease or condition	C IVEN IN DADI N	
2	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDER TIFYING CAUSES	INGS USED
7	MEDICAL CER	21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEAT	21b. TIME O HOUR A./ P./ 21e. PLACE (M. MONTH M.	DAY YEAR	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM		
	ME	WHILE NOT WE AT WO)RK		EET, FACTORY, OF		STREET 19	(HY OR TOWN	COUNTY	state that the (we) lost
		sow the decease obove, (I) (we) (ed olive on_			19, or		death occurred on the date and	hour and Irom the	
		Doub	4.5	ange,	MD	9260	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		1184
		Durid	6.1	unge		· · · · · · · · · · · · · · · · · · ·				
		urial, cremation, s ^p Burial	REMOVAL	10/15,			emetery or crematory. 11 Cemetery	Glen Burnie, A	nne Arun	del, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

Burgee-Henss Funeral Home, Baltimore, Md.21211

250. DATE REC'D. BY REGISTRAR'S SIGNATURE AND THE STATE OF THE STATE O

at director, page 3 2 hours ofter death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NOGIENES -

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SOUNTRY MODITY OR 1 Balti USUAL RESIII 13a STATE 4 FATHER'S 6a WAS DE (YES. NOO Y 18. CA Cond gove couse unde PART 19a DA 21a. A OR COI COI OR COI COI OR COI COI OR COI OR COI OR COI COI OR COI	Male ACE (STATE OR) TOWN OF DE imore DENCE (IF NUR Charle CEASED EVER OR UNKNOWN)	FOREIGN 7 ATH 3 SING HOME OR COUNT M IN U.S. ARM (IF YES, GIVE	White White LOSA I. NAME OF HO (IF NOT IN SUCH) S506 OTHER INSTITUTION OF IDITE E. NED FORCES? WAR OR DATES)	HAT COUNTRY SPITAL, NURS FACILITY, GIVE STRE Chaig	Brist 5. DATE O MONTH July Y? 8 MARRIED WIDOWE(SING HOME O BET ADDRESS) Ave. ORE ADMISSION) DWN	FBIRTH 28, 1896 NEVER MARRIED DIVORCED R OTHER INSTITUTION 13d INSIDE CITY LIMIT YES NO 1 15. MOTHER'S MAIDE FIRST	6 AGE (IIII) 9 BALTIM 120 USUA (TYPE OF W) EX	REG. NO. DE DEATH MON DECTODER VYEARS LAST BIRTHDAY 88 ORE CITY OR CO IMPORT OF LOCCUPATION DORK FOR MOST OF WO ECUTIVE ADDRESS / ZIF DECTODE TO THE CO COMMENT OF MOST OF WO COMMENT OF WO COMM	YRS. YRS. OUNTY O City ORKING LIFE)	1984 UNDER LYEAR NIHS DAYS F DEATH 12b. KIND C INDUSTRY Eng	IF UNDE HOURS	A. M. MIN. MD. MESS OR
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Cond gove couse unde	USE OF DEAT	H (Enter only	/ I		CURITY NO.	17 INFORMANT		ADDRESS				
Cond gove couse unde	AUSE OF DEAT ART I. DEATH V	VAS CAUSED		12 05	6437	Elizabeth	Bristo	r,	Sar			
PART:				-		spiraton	. 20	Rest.		APPROX BETWEEN	ONSET AN	D DE ATH
	2 OTHER SIG	NIFICANT CO	Lized	ARTE	NIOSCI	NOT RELATED TO THE		OPOSIS	b IF YES, V	WERE FINDING CAUSES	NGS USE	
					_		YES 🗌	NOR	YES		NO	
21d IN	CCIDENT WAS UNDITRIBUTING	CAUSE OF DEAT	HOUR A.M	. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART	I OR PART ?)		
WHILE AT WOR	NJURY OCCUR	RED	21e PLACE O	FINJURY T. FACTORY OFFIC	E, FARM ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY		STATE
220 1 6	certify that (I	(this hospite	10 - 2	7 19	man 2 1	d that in (my) (***) ap	inion death occur	red on the date of			that (1)	
	IGNATURE	11	~1	1. 1		DEGREE				22c. DATE	SIGNED)
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22d. Pr	HYSICIAN'S N			5		22e ADDRESS	and Del	Delte	N 4-1			
73n BURIAL	0 1		able M.		L NAME OF C	METERY OR CREMAT	ork Rd.	Balto.	IVIQ	L		
(SPECIFY)	S. J		10/30/			Mount	C	Balto		COUNTY	1D	STATE
Henr	S. J CREMATION mation		10/00/	-	Or eell		DATE REC'D BY		REGISTR/			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and comple should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE NEW ACCOUNTS AND THE PARTY OF THE PARTY Tarak na marka kata an ang mga kang k The second of th

5-		FOR - STATE • REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	16Ne 2 6 /	2 9	
e 0	15	1 DECEASED NAME (TYPE OR PRINT) STEP	401	MAN BROA	OX BROADY)	20. DATE OF DEATH MONTH	2 84 100 P	
e 4 moy	after d	3. SEX ALE	4. RACE	HITE 5. DATE O				
the Pool	135	70. BIRTHPLACE (STATE ORFO		WHAT COUNTRY? 8 MARRIE WIDOWI	NEVER MARRIED DIVORCED	BALTIMURE CITY OR COUNTY	CITY M	
101		BALT I MURL	TH 11. NAME OF H	HOSPITAL, NURSING HOME OF HEACHLITY, GIVE STREET ADDRESS)	BRYLAND	120 USUAL OCCUPATION (Type of work for most of working LII ENGINEE R	126. KIND OF BUSINESS OF INDUSTRY WESTING HUSE	
AND 212	USUAL RESIDENCE (IF NURSING HO) 130. STATE MO MO		NG HOME OR OTHER INSTITUTION 131 COUNTY MONTGOMERY	GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN SILVER SPRIM	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CODE	HY DR 20904	
MARYL,	19/ ordina	FATHER'S NAME LOVIS	WIDDEE	BRUHOY	15. MOTHER'S MAIDEN AN	ETTE MEDIE	TRILAS	
IMORE,	Popular A	160 WAS DECEASED EVER II	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WWII-NAVY	166 SOCIAL SECURITY NO. 220-16-802)	17. INFORMANT MRS		15001 EASTWAY MD 20904	
T., BALT	physican on paper emoval event, th	PART I. DEATH WA	I (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a)	SEPTIC S	HOCK		BETWEEN ONSET AND DEATH	
PRESTON S	ottending ove corbo tion, or ri oumotic	Conditions, if any,	which ((b)	RAS A CONSEQUENCE OF METASTATIC	OFTCELL CF	PCINUMA OFLUNG	IMINTH?	
W. PR	by the cose remo	gove rise to imme cause (a), stating underlying cause		RAS A CONSEQUENCE OF LIM PHUCYTI		PHUMA	15405	
S, 20	en plus burin	PART 2. OTHER SIGN	_	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART Ito	

-TEMULITY X 7 206. IF YES, WERE FINDINGS USED

9b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

23c. NAME OF CEMETERY OR CREMATORY

saw the deceased glive on above (1) we) yold did not) view the body after death. 22b. SIGNATURE DEGREE

LESHE I KATZEL

UNIVERSITY OF MORYLAND

230. BURIAL, CREMATION, REMOVAL BURIAL DCT.14,1984 74 FUNERAL DIRECTOR SOL LEVINSON & BROSDED INC.

ROSEDALE BALTO. SHOMREI HADATH VE

D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE Julia Davidson-Randelle

NO

STATE

6010 REISTERSTOWN RD. BALTO., MD 21215

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

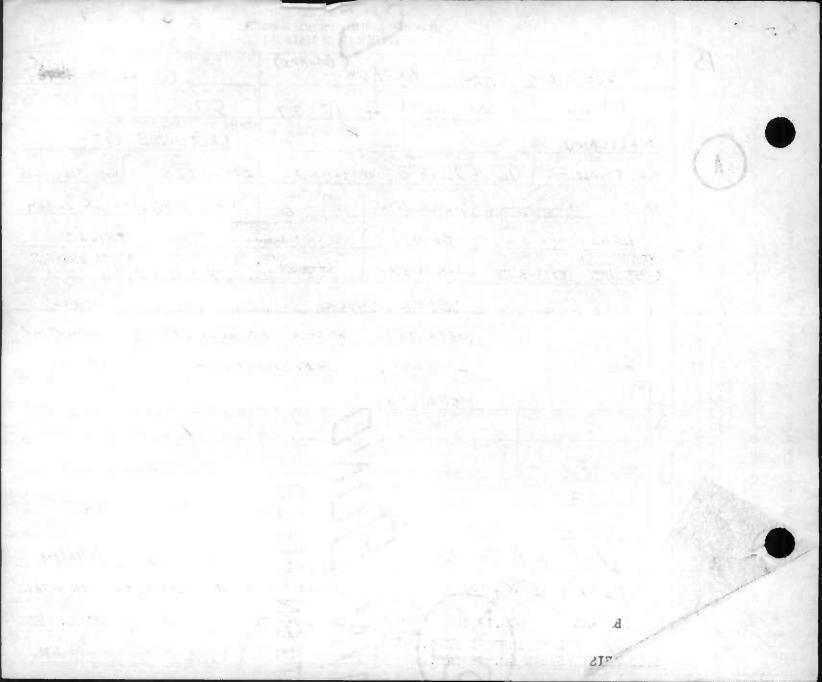
DHMH - 16 50M 4/83 (VRA 15, 4)

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FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit.
with the Store Dept. of Health and Mental Hygiene prior
IMPORTANT: If them 21 is marked or them. 19. Let CERTIFICATIO

MEDICAL

90 DATE OF OPERATION



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical aximiner must be gottle. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours off retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

3 6

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTA ICATE OF DEAT		REG. N	o.		1	
	CEASED NAME FIRST	MIDE	DLE	1/	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
{ ITPE	EART	P.	DD	OOKS			OCHODED '	30 19	0.4	10:45	DM.
3. SE		4. RACE		5. DATE O	F BIRTH	6	AGE (IN YEARS LAST BIR	IHDAY	FUNDER I YEAR	IF UNDER 24 HI	R5
	Male	White		Noven	mber 18,15	î4	69	YR5	ONTHS DAYS	HOURS MI	N.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	NEVER MARRIE	D 0 9	BALTIMORE CITY O				
	Maryland	United	States	WIDOWE	D DIVORCE		Baltimo:		ity,		MD.
10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INSTITUTION		20 USUAL OCCUPATI			OF BUSINESS (OR
	Baltimore	Church			corp.		Machinist		West	inghous	se
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 13	e residence before a c. CITY OR TOWN Baltimor		134 INSIDE CITY LIA YES NO [3 STREET ADDRESS 3925 Fai		./ 212	24	
	ATHER'S NAME FIRST William	MIDDLE B	rooks	The second	15. MOTHER'S MAID FIRST Elizab		MIDDLE		Hamilt		
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRE				_
(YES, NO OR UNKNOWN) (IF YES, G	e 2	14-18-03	10	Theresa E	rook	s / 3925 F	ait Av	e./ 21	224	
	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	s a consequen		PNEUMON:		JAI DISEASE OR CON	DITION GIVE	N IN PART 1	ia.	_
Z		RONIC REI									
CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED		200 AUTOPSY?	206 IF YES, IN CERTIFY YES		NGS USED S OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DAY	YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI		1		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FAI	RM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	22a.1 certify that (I) (th X has saw the deceased alive a above, (I) (2x2) (dx1) (did a	pitol) ottended the d in OCTOBEI not) view the body aft	R30 19 8 er death.	OCTO	DBER23 19. d that in (my) Xur)	84 opinion de	. toOCTOBES				
	226 SIGNATURE	rede /	4.19	(DEGREE ATTENI PHYSIC		MEDICAL STAI		22¢ DATE	SIGNED /	4
	274 PHYSICIAN'S NAME (TYPE			4			H HOSPITA		/		
22.	L. K. PEI		122. N.	AME OF C	1 100 NOI		BROADWAY	2123			=
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Nov.2,19			Heart of		CITY OF TOWN	Balti	more (lo., Md	
	UNERAL DIRECTOR illy & Zeiler						REC'D. BY REGISTRAR				

DHMH - 16 50M 4/83 (VRA 15, 4)

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Street Street or 18,1918 Similar E Ctor. tore 5 and int all beefant. Ballino Chec Hospi al Com. de daile ler and - - Balling X Ve. Pait No. 222 mostimes - Roos - meili

The fact that Inc. and A. Combine ... Vans to James ... Ball to the Combine ...

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and camplemy fund in by the trishold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 through the filled with with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HUGIENE'S CERTIFICATE OF DEATH

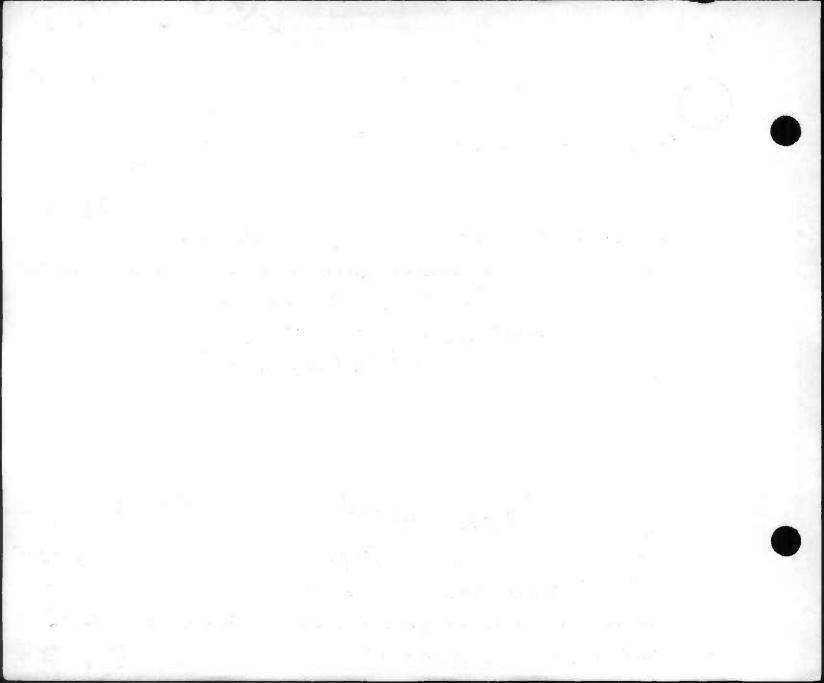
2	6	1	3	
-	•	4	-	

		REGISTRAR	Ci	KIIFICALE OF DEATH	REG. NO.	
	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR
_	(TYPE	OR PRINT)	O. Drook	0.	10	10 84. 10 Pm
. 1	1. SE	X 4.	. RACE 5. I	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		m.	Black	9/16/13.	7/ YRS	MONTHS DAYS HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	16	DANSS, VA		DOWED DIVORCED	Dalto. Ci	ty MD.
50	18.CI	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING H MNOT IN SUCH FACILITY, GIVE STREET ADDRI 		12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
4	1	altimore.	Don Decours	MOSP.	<u> </u>	
21		STATE 136 COUNT		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP, CO	DE OF RAI
1	1	mp.	Baltimo		317 N. Du	morst talt.
00	4 +	ATHER'S NAME	NUT KS	BAJAE S WALDEN NAM	BROOKINS	LAST
	16a V	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY		ADDRESS	
1	L,	YES NO OR UNKNOWN) (IF YES, GIVE I	223-14.33	20 LUMERTA F	elland 1630	Flliceon DN
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line (o), (b), (o)d (c). BY:	Del Inspala	RIL ARROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE		100101010	7 /11 / 40	
		1	DUE TO A A CONSEQUENCE	of 4 pulys	6	
		Conditions, if any, which	161 4/1/7	114 -000		
		couse (a), stating the underlying couse lost	DUE TO OF AS A CONSEQUENCE	boal tall	ARCTION	
			()() ()	0/1/1 24/1	111 141010	
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	IH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	SIVEN IN PART TO
atante	ATIC	1% DATE OF OPERATION	186 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		YES, WERE FINDINGS USED
1	CERTIFICATION	Jane 1 Constant Transco	West 200 (1992) - 100 (1992) - 100 (1992)			TIFYING CAUSES OF DEATH? YES NO []
	CER	ZIIL ACCEDENT WAS UNDERLYING.	HOUR A.M. MONTH DAY	YEAR 21L HOW INJURY OCCURR	RED. (SINTER HATUME OF PUBLISH PATIENTS	8. PART I CREPART 2)
7	A	OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTHY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY	711. LOCATION	city dictiones	COUNTY MATE
	Σ	AT WORK AT MOTHER TO	LATHOME STREET FACTORY OFFICE FARM	01.0 01	1 1-1	0110
		22s.1 certify that (It (this hospita	il) attended the deceased from	9/18 19 87	10/10/10	19 that (h (we) last
		saw the deceased alive on above, (I) (we) (did) (did not)	viale the beay after death.	and that in (my) (our) opinion (death occurred on the date and h	our and from the course; stated
		TIN/SIGNATURE	Video this gody grill death.	DEGREE		THE DATE SIGNED /-/ 10
		the IN	home	M ATTENDING N	MEDICAL STAFF	10711/88
		214 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		111
1		RIW	1/11Ams	4605	E DMONX	250N AVR
	23a. E	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAM	E OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY A LIATE
		Med mount	12/12/84 316	swifeplan U	4 Calavesti	
3	24 Ft	WAMED HAMPA	67621 CADDASS	25a DAT	E REC'D. BY REGISTRAR BL. REG	STRAR'S SIGNLATURE
		11 1- 144 464	NO W GINN	OCT.	1 5 1984	The state of the s

DHMH - 16 50M 4/83 (VRA 15, 4)

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etained by the haspital ar attending physician.



STATE OF MARYLAND

1.	FOR STATE	D	EPARTMENT OF H			IENE"	9		
' -	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO)		
	CEASED NAME FIRST OR PRINT)	MIDDLE	ι	AST		20 DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR
,	JOSEPH	MARION	В.	ROOKS			LO	06 84	C.4 M
3. SEX	4	RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
	MALE	WHITE	06	09	99	85	YRS		
7a. B1	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT CO	UNTRY? 8.	D X NEVER M	ARRIED [9 BALTIMORE CITY OF	COUNT	TY OF DEATH	
	IARYLAND	U.S.A.	WIDOWE		ORCED [BALTIMORE	CITY	Y	MD.
10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI 		R OTHER INST	TUTION	120 USUAL OCCUPATION			OF BUSINESS OR
	BALTIMORE		ROE STREE	T. 2122	3	CAB DRIVER			SPORTATIO
	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDEN	OR TOWN	13d INSIDE CI	TV LIMITS?	13e STREET ADDRESS /	71P COI	ne .	
	IARYLAND		TIMORE		NO 🗌	311 S. MON			21223
14. FA	THER'S NAME	IDDLE	LAST	15 MOTHER'S		VE WIDDLE			NST.
	LEONARD		OOKS	,	IRST	UNKNO) W N		151
lée V	VAS DECEASED EVER IN U.S. ARM		AL SECURITY NO.	17 INFORMAL	VT.	ADDRE	SS		21223
()	NO OR UNKNOWN) (IF YES, GIVE)	war or dates) 213	-05-7893	CATHE	RINE R.	BROOKS 311	LS.	MONROE	STREET
	18 CAUSE OF DEATH (Enter only), (b), and (c)					APPRO: BETWEEN	XMATE INTERVAL
	PART I. DEATH WAS CAUSED IMMEDIATE	/—/ / V	(h) miles					My	-eu
		DUE TO, OR AS A CO	NSFOY(TENCE OF						
	Conditions, if any, which	((b) C	Ziung Pat					mer	rely .
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
	underlying cause last.	(0)					_		
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR COND	ITION G	IVEN IN PART 1	10
ON									
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FIND	
I						YES NO		YES [NO [
CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW IN.	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	7	OI NO YII)	WN	COUNTY	STATE
Σ	AT WORK NOT WHILE	(AT HOME STREET FACTOR)	, OFFR.E FARM EIC					2 21	
	220.1 certify that (1) (this hospital		1 rom 7- 2	0 -	19 94	10 7- Z-	4 -	19 87	, that I1 (we) last
	sow the deceased alive on above, (1) (we) (did) (did not)	7-26-		nd that in (my)	our) opinion d	death accurred on the do	ite and ho	our and from the	e causes stated
	22b. SIGNATURE			DEGREE			_	22c DAT	E SIGNED
	10/1/V	Same?			HYSICIAN E	MEDICAL STAF		(0-	- 4-84
1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	107 8	SARATOGA STE	REET,	AND	
	LARRY PERRY, M	.D.		BON S	ECOURS	HOSPITAL			
23o. E		23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
	BURIAL	10-09-84	WESTE	RN CEME	TERY	BALT IMORE	CIT 3	Y	MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health

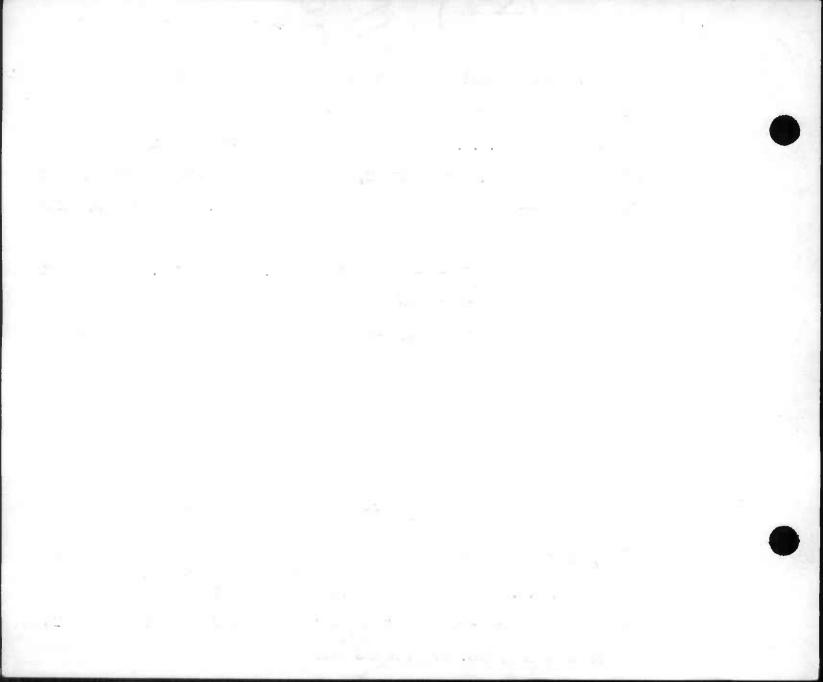
orked or Item 18 shows ony

IMPORTANT: If He

BALTIMORE CITY 250. DATE REC'D. BY REGISTRAR 210 REGISTRAR 5510

MARYLAND

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



completely filled in by the funeral directar, p } and 2 should be filed within 72 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

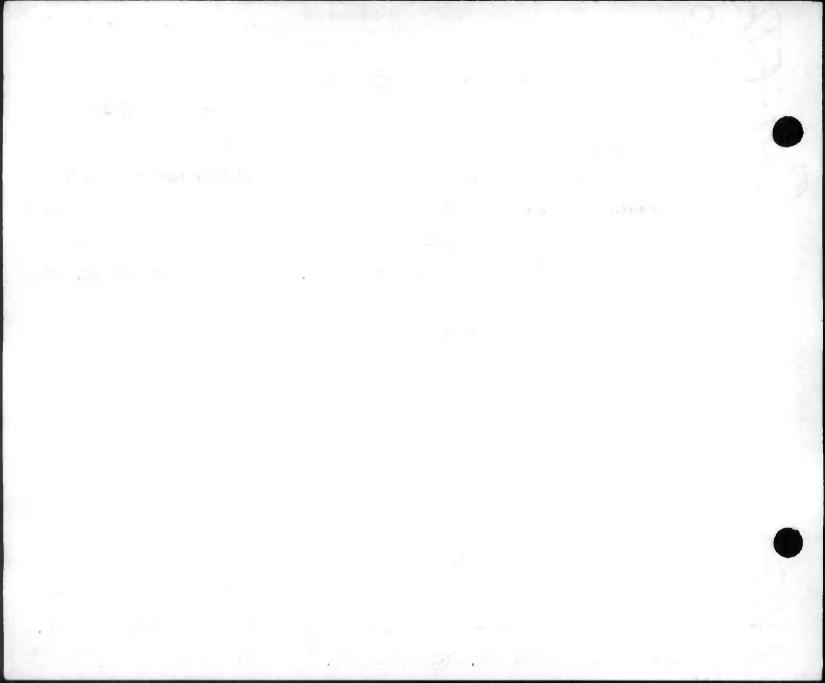
BP DHMH - 16 50M 4/83 (VRA 15, 4)

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENES

2	6	100	3	3

()		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
-		CEASED NAME FIRST	WIDDLE	U	ASI	20 DATE OF DEATH	MONTH DAY YE	AR 2b HOUR D
	TITPE	KATHI	EEN Vo	\mathcal{B}	rooks		10/4/80	+ 6.00 M
	3. SE	X	1. RACE	5. DATE O	PF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1	YEAR IF UNDER 24 HRS.
		FEMALE	White	84	120/30	54	YRS 0.45	55
i - 1/-	70. BI	COUNTRY) /	76. CITIZEN OF WHAT COUNT	IRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	H
	9	outh Carolina	4.5.	WIDOWE			ore, Cit	y MD.
34		Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES BON SECOL	TREET ADDRESS)	HOSOITAL	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST) QUILL STR	OF WORKING LIFE) INDUS	OTTON MILL
31	13a	AL RESIDENCE (IF NURSING HOME OR STATE HIS COUNTY HIS C			13d. INSIDE CITY LIMITS? YES NO 🗍	130.STREET ADDRESS	ShtoN St.	21223
00	14 F.A	MARION "	REIL	ò	15. MOTHER'S MAIDEN NA	WE	Bu	iRR
		VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDR	ESS	
		NO	27-3	32-1863	FRANK F. BRO	OOKS 2507	ASHTON STR	
ent, m		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED		CONCINO	ma of with 1	ung with u	utaslani	PPROXIMATE INTERVAL WEEMONSET AND DEATH
any injury, ar ather traumat	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C Pulmanum 19a DATE OF OPERATION		EQUENCE OF	NOT RELATED TO THE TERM	LINAL DISEASE OR COM	20b. IF YES, WERE F	INDINGS USED
5 y	TEK					YES NO	IN CERTIFYING CA	NO [
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR PAI	RT 7)
morked or	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
man si i z		22a.1 certify that (I) (this haspit saw (the deceased alive an above (I) (we) (sid) (did not	1014	B-FF	d that in (my) (aur) apinion	death occurred on the c	date and have and from	, that (I) (we) last in the causes stated
11 11 11 11		226. SIGNATURE	Od ,		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR ☐ PHYSI		DATE SIGNED
MPORIANI: If frem 21 is		SUJGTA SI	apsiri, ho		1910-14 W	. Poal st.,	Ballimm, T	021223.
5		BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
-		BURIAL	10-08-84		INE PARK	WOODLAW	V	RE MD.
83		UNERAL DIRECTOR	ADDR		.1229	REC'D. BY REGISTRAL	China Daine	MATURE Condall
	HU	BBARD FUNERAL H	OME, INC. 410	7 WILKEN	IS AVE.	101 0 1984	+ 1	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

TRUCKING

21224

APPROXIMATE INTERVAL

NO I

STATE

STATE

84

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

COUNTY

22c. DATE SIGNED

020

IF UNDER 24 HRS

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 PUNERAL DIRECTOR

FOR - STATE

REGISTRAR

TEMPOVENAME U.S.A. A.B.U. MANAGEMENT PULTO MERCY HORFITAL CHIPPICHS TRUCKING CUIVAGE A- BICCOCIOUS LETTER SA-KIN to be at cont - we will any more any Tisk at was - Letter May ender of the state same mention of the same of th

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	Ó	7	3	5

	REGISTRAR					AST	T	MONTH	DAY			
	DECEASED NAME	EIRST	• -1	MIDDLE	0	A31	28. DATE OF DEATH			YEAR	26. HO	IR
		MA	BEL		DL	ough		10	19	84	1/2	1
3.	SEX		4_RACE		S. DATE O		6 AGE (IN YEARS LAST BI	RTHDAY)	# UND	DAYS	IF UNDER	7.4
	ha		U	<u> </u>		5 8 08	76	YRS				
70	BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	. MARRIED	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH		
2	M	۱, ا	US	A	WIDOWE		By H.	CI	+1			
7. 10	CITY OR TOWN C	FDEATH		HOSPITAL, NURSII CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST			KIND O DUSTRY	F BUSIN	ES:
10	BAIT.		Edge	0 0.00	Jursig	no Home	Se Am Ste	255		Dept	. st	0
	SUAL RESIDENCE (13b. COU		13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS					
0	Md.			Balto.		YES NO	2802 Berw	ick	Road		2123	4
00	I. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST	ME MIDDIE			LAS	T	
	William		irall	Coggin		Mabel	Grace		W	illi	ams	
16	WAS DECEASED		RMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	ESS 3	10 E	. La	ke A	V
1 L	No			220-32-	-2902	Mrs. Joseph	ine Clayton	B	alto	APPROXI BETWEEN		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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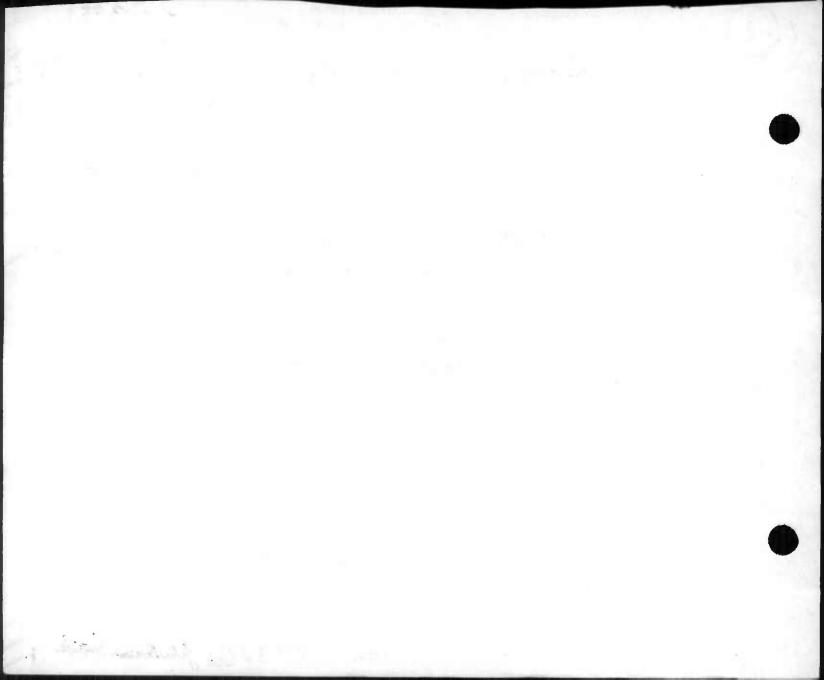
retained by the haspital or attending physician.

OR ATTENDING PHYSICIAN The

NAME Anatomy Board

ADDRESS.

Balto., Md. OCT 31 Shirthirden Bodelle



TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pageryl and 2 shauld be filled wit with the State Dept. af Health and Mental Hygiene priar to burial, cremation, ar remaval.

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

Uneral director, page 3 fun 72 hours after death

STATE OF MARYLAND

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	STATE REGISTRAR		CERTIFICATE OF DEATH		
1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 26. HOUR
	ORPRINTI ROLL	Ro. 1	3	Sand	- 04 09
2.00	Dary	NOY A	Drown		28 89 0
3. SEX	λ , , ,	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1	Male	Plack	9 08 84	1 8 -	4KS. 6
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
	Maryland	11 <a< td=""><td>WIDOWED DIVORCED</td><td>Rotto</td><td>City.</td></a<>	WIDOWED DIVORCED	Rotto	City.
te ci	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	12b, KIND OF BUSINES
1	R. 11.	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
1	sattimore 1	Mercy Ho	5917 R	N-A	1//
13a. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		130. STREET ADDRESS	7 Caraway &
	Md. Da	Ho Bultin	NONE YES NOW.	Reisterstown	MO 21136
14. FA	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
1	Thomas	MIDDLE R LAST	560.1	MIDDLE	unknown
146.14	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUR		ADDRESS	(1) (1) (Wall
		E WAR OR DATES)	A / /	1	
	N/B N	/A N/		5	
	18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	I (c).)	,	APPROXIMATE INTERVA
	PART I. DEATH WAS CAUSE	D BY:	diac orre	st	
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	majority	014.5
ATION	gove rise to immediate couse (o), stofing the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	EATH BUT NOT RELATED TO THE TER/		
FICATION	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cushould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or attending physician.

retoined by the hospitol HOSPITAL

injury, ar ather troumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows ony

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INFGIENT CERTIFICATE OF DEATH

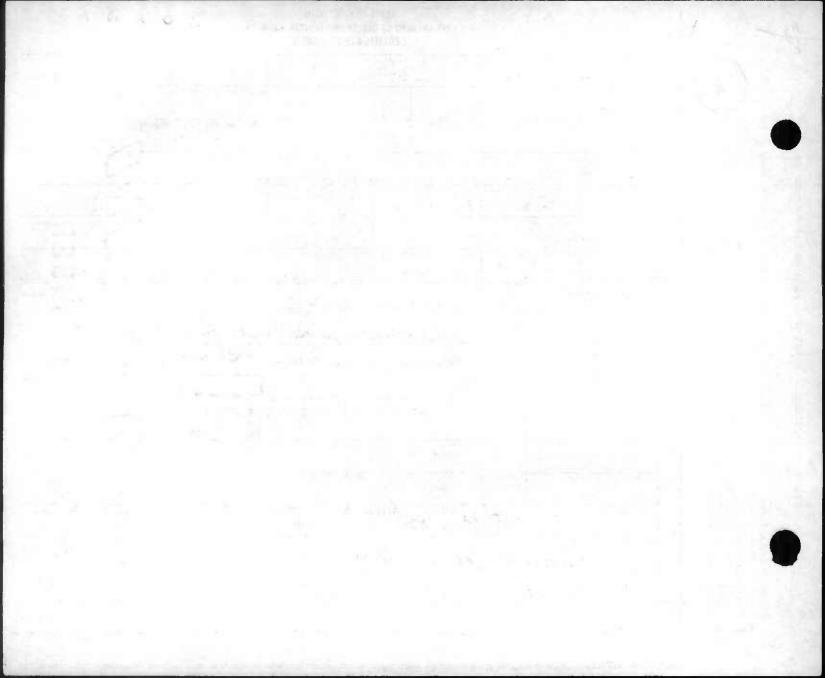
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	REGISTRAR			CERTIF	ICAIL OF L	KAIN		REG. NO.				
	CEASED NAME FIRS	T	MIDDLE	100	LAST		2a DATE OF D	EATH MONTH	DAY	YEAR	26 HO	UR
(TYP	Ale:	xander		Brow	Nn			10	12	84	8:	:15 M
3. SE	X	4. RACE		5. DATE O			6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDE	RIYEAR	_	R 24 HRS
	Male Black			MONT	_	16	68	YR		DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED	9 BALTIMORE	CITY OR COU			TO S	
	Baltimore			WIDOWE	DI DI	VORCED [B:	altimo	re ci	Lty		MD.
10. C	Baltimore Me	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)			12a. USUAL OC	CUPATION OR MOST OF WORKIN		KIND O DUSTRY	F BUSIN	ESS OR
USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION		ADMISSION)	9			tired -		-0		
130	Md 136 C	None	Baltin		13d. INSIDE C	NO 🗌	13e. STREET AD	Park He	ights	Ave	2. 2	1215
14. F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NA		WIDDLE		LAS	ī	
	Humph:				Мо	llie			-			
	WAS DECEASED EVER IN U.S		16b. SOCIAL SECU		17. INFORMA	NT		ADDRESS				
	les #33897983		212-01	-28/6	Guy C	ephos.	2003 Wa	lbrook	Ave.	B1±f	imor	e Md.
	18. CAUSE OF DEATH (Ent		line for un, (b), one	d (c).)		0				APPROXI	MATE INT	D DEATH
	PART I. DEATH WAS CA	EDIATE CAUSE (0)	Car	reac	ar	rest		1		10	200	7
		DUE TO, O	R AS A CONSEQUE	ENCE OF	L 1	. 1. 11		P. 08),,	7	USE	1
	Conditions, if ony, which	th ((b)	arten	poel	otic la	raco Va	sadai 1	WHERE L	USARD	1	7	
	gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O	RAS APPRISEONE	NGEOF/	soudar	Duas	-AKa	putota	4	2	yea	4
z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN I	PART 10	0	
CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH	/ - /			20a AUTOP	SY? 206. IF	YES, WERE	EFINDIN	NGS USI	
TIF							YES	NOIZ	YES 🗌	LAUSES	NO	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY .M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART I OR	PART 2)		
EDICAL	(IF EITHER NOTIFY MEDICAL EXA		.M.	19	211 LOCATIO	N						
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	N		CITY OR TOWN	co	YIAU		STATE
	220.1 certify that (I) (this	010	ne deceased from	Jul	4 30	1982		1 12	19.8	7	thot (1)	(we) lost
	saw the deceased alive obove, (I) (we) (did) /d		ofter death.	, 0	d that in (my)	(sor) opinion	deoth occurred	on the dote and	hour and f	rom the	couses s	toted
	22b. SIGNATURE	Admin	Luin	n		TTENDING V		STAFF	22	C. DATE	SIGNED /2	184
	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	win	- //-	22e_ADDRES	PHYSICIAN	DIRECTOR	PHYSICIAN [-	. /	
	MANUEL	LEVIN	MO		6101	PARKT	Hars tu	F BAL	70/1	10	21.	2/5
	BURIAL, CREMATION, REMO	DVAL 236. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d LOCAT		COUN	ity		STATE
	Burial	10/1	0/19/84	Carr	icon Fo	reat W			-			
24 F	UNERAL DIRECTOR		ADDRESS	Jul 1.		rest V		SISTRANDIA REC		SMAR		222
á							14 J. V.	DO A	Committee to	4000		

Law Funeral Home 4611 Park Heights Ave.

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DHMH-16 30M 2/80 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other troumatic event, the medical e

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1	-	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR	
	(TYPE	BET.	TY		BROWN		10 - 5	7-84	6.20pm	
	3. SE)		4 RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST E		MONTHS DAYS	IF UNDER 24 HRS.	
		Female	B1ack	MONTH	- 23 - 43	41	YRS.		HOURS MIN.	
2		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
2		aryland	U.S. A	WIDOWE		BALTI	YORK	CITY	MD.	
		4.	11. NAME OF HOSPITAL, NU	JRSING HOME C		12a USUAL OCCUPA			F BUSINESS OR	
5	B	BIALTIHORE GIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) ALTIHORE GIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE OF WORK FOR MOST OF WORKING LIFT AND HOSPITAL ITYPE OF WORK FOR MOST OF WORKING LIFT								
5		AL RESIDENCE IIF NURSING HOME ORE STATE 136. COUN		TOWN TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE BERT	Ave -	- 21212	
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		*			
26	1	Robert	Robin		Marv	WIDDLE		McKin		
1	16a. W	VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADD	RESS	HORIH	ii c y	
/		(# YES, GIVE	WAR OR DATES)		Earl J. Br	own, Jr.	814 W	ilbert	Avenue	
		18. CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (o), and (cs.)	2			APPROXI	MATE INTERVAL DISET AND DEATH	
		18. CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CASTAL BURNEY IMMEDIATE CAUSE (b) CASTAL BURNEY IMMEDIATE BURNEY IMMEDIAT								
		IMMEDIATI	E CHOSE (O)		TO TO TAL PC					
			DUE TO, OR AS A CONS	0 0	D- 0.1	1:1:				
		Canditions, if any, which gave rise to immediate	(b) C 197971	rears	Pamere	auns				
		couse (a), stating the	DUE TO, OR AS A CONS	QUENCE OF	1	1				
		underlying couse lost to departie times or all Dalhy.								
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	DITION GIV	EN IN PART 110)	
	N N				,		1			
_	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	IGS USED	
2	F								NG CAUSES OF DEATH?	
)	E	2 a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		In your humby occur	YES NO NO		S 🗍	NO []	
9	- 1	OR CONTRIBUTING CAUSE OF DEAL		DAY YEAR	21c. HOW INJURY OCCUP	(KED (ENTER NATURE OF IN	URY IN ITEM IB P	PART I OR PART 2)		
/	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19						
-	60	21d INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	SELCE FARM SEC 1	211 LOCATION	CITY OR	OWN	COUNTY	STATE	
	Σ	AT WORK NOT WHILE	TALL HOME STREET, PACTORS, OF	PRICE, PARM, ETC.						
		22e I certify that (I) (this hospit	al) attended the deceased f	om 0 - 0	1-84 108	Y 10 10 - 2	7	1984	that (I) (we) last	
		saw the deceased alive an	10-2-	A 1.	d that in (my) (our) opinion	death occurred on the	date and hav			
		above, (I) (we) (did) (did nat 22b. SIGNATURE	view the body after death.					22c DATE		
		CO. SIGNATURE			DEGREE PATTENDING	MEDICAL ST	AFF	ZZE DATE	0/0/1.	
		duesol	~ mo	man	4 (PHYSICIAN	DIRECTOR PHYS		101	204	
		22d. PHYSICIAN'S NAME (TYPE OF	(PRINT)	-	22e ADDRESS	4 - 4 - 0			0,-11	
		SireesH	RIPURAN	ENI	(500D S	AHARIT	AN	HOS	41177	
		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
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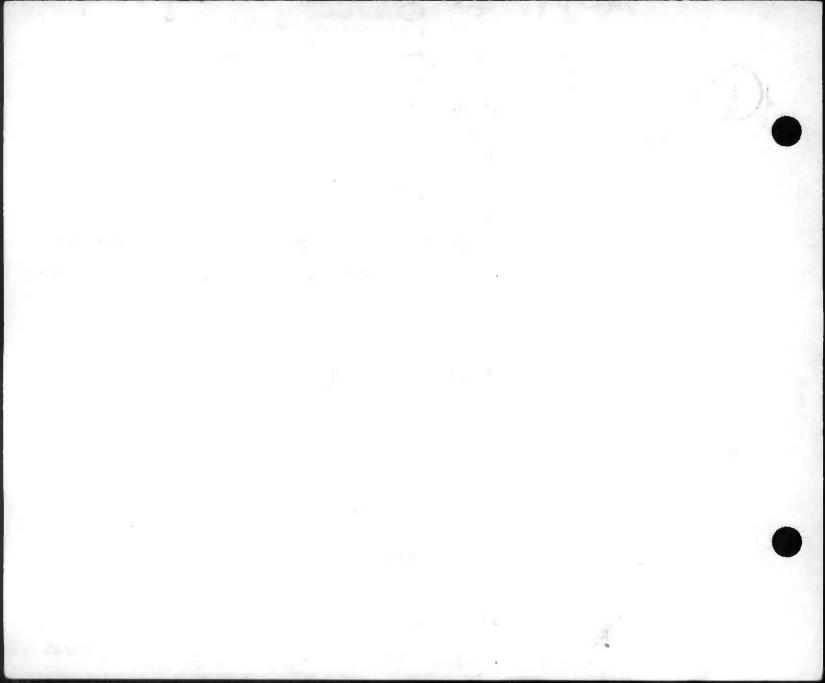
retained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OCT 3 1984 ".a. Davidson Randare.



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed

retained by the haspital ar attending physician

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medica

completely lilled in by the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLY GIENE

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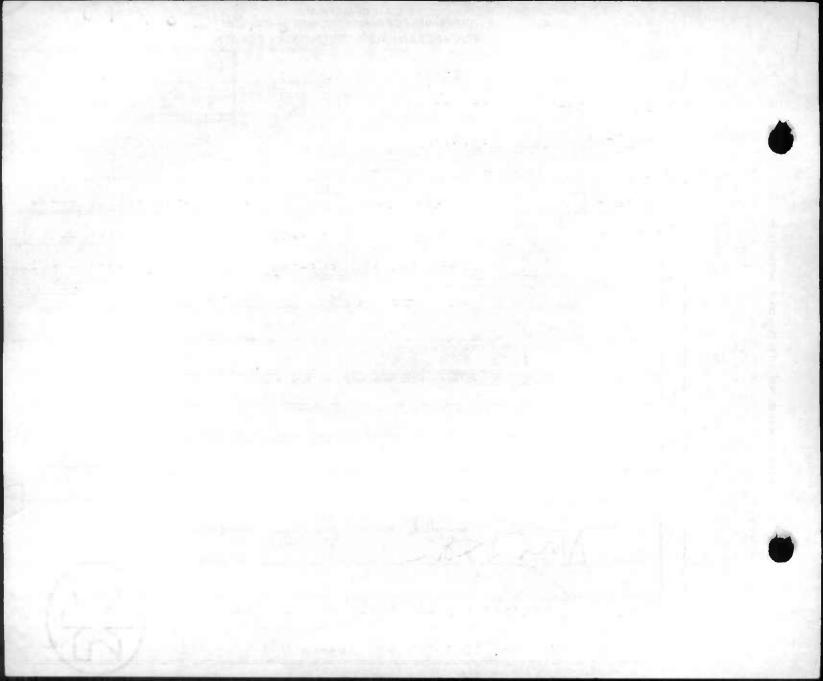
11-	FOR STATE REGISTRAR		NT OF HEALTH AND MEI CERTIFICATE OF DEA		NE REG. NO.			
	EASED NAME A FIRST	WIDDLE	LAST	2		DAY YEAR 2b. HOUR		
(TYPE C	OR PRINT)	Bellah	Brown		10	584 123TPM		
3. SEX			. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS		
	F	R	MONTH 2 DAY 2	YE AR	60 YRS.	MONTHS DAYS HOURS MIN.		
	THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8		9.	BALTIMORE CITY OR COUNTY	OF DEATH		
	OUNIRY Balto		MARRIED NEVER MAR	RCED	Bulta	ity MD.		
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITU	JTION II	20 USUAL OCCUPATION	121 KIND OF BUSINESS OR		
	Balt	(IF NOT IN SUCH FACILITY, GIVE STREET ADD	navyland	d	HOUSE WIFE	DUSTRY		
13a. ST	TATE 136. COU	11-6	MISSION) 13d INSIDE CITY YES NO		3e.STREET ADDRESS / ZIP CODE 4924 54 60	cryes Ave		
14. FAT	THER'S NAME	pMIDDLE LAST	IS. MOTHER'S M		MIDDLE	- IAST		
	Pavid 1	MORRE	524	ugh		Seymore		
	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURIT	Y NO. 17 INFORMANT	n	ADDRESS	4		
(10	NO	218-12-	1841 HC	SP 10	CCIOS			
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a) (b), and (0.1	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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	gave rise to immediate cause (a), stating the							
	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CANCEL							
1	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORM	AED		S, WERE FINDINGS USED		
ΙĔΙ						YING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJUR	RY OCCURRED	(ENTER NATURE OF INJURY IN ITEM TO F			
	OR CONTRIBUTING CAUSE OF DE							
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-	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FARA			CITY OR TOWN	COUNTY STATE		
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	saw the deceased alive ar	19			oth accurred an the date and hou	: 1101 (11 (119) 1101		
	above, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bady after death.	DEGREE			22¢ DATE SIGNED		
	K	Summon	ATTE	ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/1/14		
	224 PHYSICIAN'S NAME (TYPE)	OR PRINT)	22e ADDRESS			11/		
	Kevin S.	nydermo	Un	1100	I and He	Ulal		
	URIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CRE	EMATORY	23d LOCATION	COUNTY 14 STATE		
	uRIAL	10-9-84 GAR	ZRISON. FOR	east	DWING Mills	S (Balle) Md		
24 FUI	NERAL DIRECTOR	400000		250 DATE	REC'D. BY REGISTRAR 256. REGIST	~		
W	. E. FRORMA	N JR. 6205Chi	NGUAPIN PK	4001	1 0 1984 Juna 10	widson-Handelle		

DHMH - 16 50M 4/83 (VRA 15, 4)

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20M 4/82

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	1. DEC	CEASED NAME FIRST		WIDDLE		LAST	20. [DATE KNOW OF ESTI-	/N 🛣 ^	MONTH OA	Y YEAR	26 HOUR
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子による系	3 SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIR		DER I YR IF UNDER		DATE	A	AONTH O	Y YEAR	ZE HOUR
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ANN	13a S			13c. CITY OR TOWN Baltim	N	13d. INSIDE CITY LIMITS? YESX X NO	13e STREET	ADDRESS Durha	am S	tree	+ 21	205
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D BE EXECUTED WITHIN 24 PENDING" IN PENCIL IN IT MEDICAL EXAMINER ALC 3 AS A BURIAL "TRANSIT P EALTH AND MENTAL HYGI CREMATION, OR REMOV	VIION	Conditions, if any, which gave rise to immediate couse (a) stoting the <u>underlying</u> couse lost. PART 2 OTHER SIGNIFICANT (ONOITIONS OF COURSE OF	(b) DUE TO, OR A	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE T	CE OF Terminal diseasi		T t (a)			100	AUTOPS	Y2
NA TARE	5		170 CONDI	ON OK WHEN O	, ERATION W	AG FERT GRIVED.				120		
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PE SE	VED	214 INJURY OCCURRED WHILE NOT WHILE	STREET FACTO	OF INJURY (AT HOME DRY, FARM, ETC.)		TREET	CIT	Y OR TOWN		COUNTY		STATE
HIS WR ARE ATE		WHILE NOT WHILE X	str	eet	18	33 E. Eager	St. I	Balto.				Md.
MEDICAL EXAMINER: THE CRETIFICATE. VENCUTE THE CRETIFICATE. VENCUTE BE FORW. THE FLUNERAL DIRECTOR: PER DEATH, WITH THE STATIMORE, MARYLAND, 21		22a I certify that I took charge death resulted from Noture	e of the remains described courses. M. Dixon,	Accident ,	SuicideM	Hamicide X TITLE (SPECIFY) D. ASSISTANT	Undetermin		<u> </u>	DATE SIGNED_1		
TO ME EXECU PAGE TO FU AFTER BALTIN	23a. Bi											
BP		urial cremation, removal 2: BURIAL	10/23/84	Mount	Zion	Cemetery				COUNTY	Md	\$TATE
DHMH - 17 (VR A15 ME (5))	24 F	uneral director March F/H	Inc. 1	101 E No	rth A		221	984 25b		avidson		22



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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours wifer cash Pages may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in the literature of the should be detached for use as the busiol-transit permit. Then please remove carbon papers. Pages I and 2 should be the author 72 hould martine at on with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked or them 18 shows only injury, or other troumatic event, the medical prohime the medical second received to the medical prohime t
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STATE OF MARYLAND

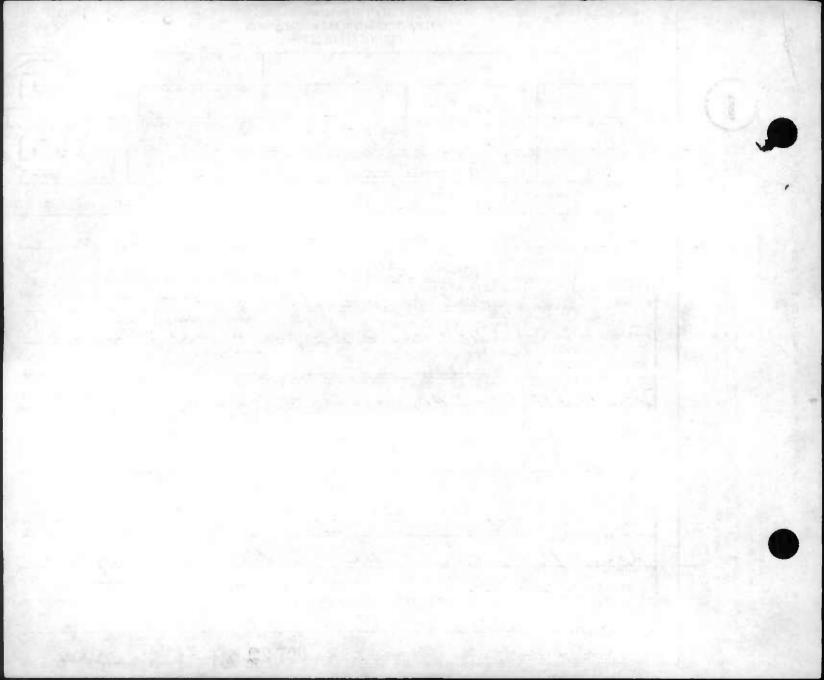
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENS · A	VO		
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1112)	GLEN		D.	BRO	WIN		10	14 84	9:30 P
3. SE	X	4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	Whit	e	MONTH	DAY YEAR 19	65	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY			
	Indiana	U.S.		WIDOWE	D NEVER MARRIED D	Balto	Cit	V	
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND (OF BUSINESS OR
	Balto.	263	7 Purnel	L Dri	ve	Marketin			phone
USU.	AL RESIDENCE (IF NURSING HOME STATE 136 COL Md.		136. CITY OR TOWN Balto	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2637 Pui		Drive	21207
	ATHER'S NAME FIRST	David	LAST Brov	√n	15 MOTHER'S MAIDEN NA FIRST Suzette	AME		Willcutt	31
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17_INFORMANT	ADDI			
	No No	SIVE WAR OR DATES)	219-05-66	562	Mrs. Betty	S. Brown -	Same	as #13	
CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ON DITIONS CONTRIBUTING TO DITIONS DATE OF OPERATION 19a DATE OF OPERATION III ONDITION FOR WHICH C			Sen	ere Bullons		20b. IF Y	SIVEN IN PART 1: YES, WEIT IN THE INTERIOR THE INTERIOR CAUSE YES	treal of
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM I	8 PART I OR PART 2)	
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ME	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE FA	IRM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	22a I certify that (1) this has sow the deceased alive above (1) we) (did / did r			6/7 4 or	nd that (my)(our) opinion	death occurred on the	date and h	19.84 naur and from the	tho (11) (we) last
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	Sim	ith	/	ATTENDING PHYSICIAN 1	MEDICAL STA	AFF CIAN [220 DATE	8/84
	Dennis M. Si	mith, M.1	0.	0.00	3455 Wilkens	Ave. Balto	o., M	D 21229	
- 1	BURIAL, CREMATION, REMOVA SPECIFY) Removal	23b. DATE 10/14	A STATE OF THE PARTY OF	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Z4. FU	UNERAL DIRECTOR NAME Anatomy E	Board	ADDRESS	Balto	o., Md. OCT	23-084 A	25b REG	ISTRAR'S SIGNA	Lecca

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

1. DECEASED NAME FRST MIDDLE LAST 3. SEX F 1. RACE S. DATE OF BIRTH MONTH DAY YEAR 4 3 1917 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY) GA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 12. DATE OF DEATH MONTH AMENITARY MONTH AMENITARY MONTH 12. DATE OF DEATH MONTH AMENITARY MONTH AMENITARY 13. SEX 6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) 79. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED 112. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING IN WINDLE ADMISSION)										
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B MONIH B MON	MONTHS DAYS HOURS M									
76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED DONCED DONCED 10. CITY OR TOWN OF DEATH Baltmore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) Univ. of Manyland Hosp. 9. BALTIMORE CITY OR COUNTY Baltmore OF ACCOUNTY 120. USUAL OCCUPATION (If YEE OF WORK FOR MOST OF WORKING IT WAS WORK FOR MOST OF WORKING IT HUMBERS WORK FOR MOST OF WORK FOR MOST OF WORKING IT HUMBERS WORK FOR MOST OF										
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Md Balto Balto YES NO 622 N. Carrollto.	n Ave 21217									
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	IAST									
Clarence Tanner Alice	Webster									
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	, , ,									
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 260-10-6987 DEC BROWN 622 N (4.	URVI/YUN A									
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DE									
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) cardiac arrest										
DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if ony, which (b) stepsis seizures, kidney failure, pulminary failure										
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
underlying couse lost () Adenocarcinoma of Gallbladder & Liver metastasis										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GO	VEN IN PART 110									
Z										
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED									
	IFYING CAUSES OF DEATH?									
210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)									
THE TEAR I										
THE STREET CITY OR TOWN OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 12le, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN										
WHILE NOT WHILE TO	COUNTY STATE									
AT WORK AT WORK	60 0									
226.1 certify that (1) (this hospital) attended the deceased from	, 19_89_, that (1) (we)									
obove. (Diwe) (did) (did not) view the body ofter deoth.										
77b. SIGNATURE DEGREE	224 DATE SIGNED									
Hysician MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10/19/84									
77d PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS										
Aysel K. Sanderson Univ. of Maryland Hosp, 22 S.	Greene st.									
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION										
DECETY OF TOWN	COUNTY STATE									
13-2144 10/24/14 1000 1000 1000 1000 100000000000000	,,,,									
THE DATE DECIDE OF THE DECIDE	TO ADIC CICALCTURE									
124 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 356 REGIS 1250 DATE REC'D. BY REGISTRAR 356 REGIS 1250 DATE REC'D. BY REGISTRAR 356 REGIS 1250 DATE REC'D. BY REGISTRAR 356 REGIS	TRAR'S SIGNATURE									

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHY retained by the haspital ar ottendi MARKET STATE OF THE STATE OF TH × Administration of the Administration of the Contraction of the Contr - the second sec - good too letteran ades and a work of the second FOR DEPARTMENT OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL WYGIENE
CFRTIFICATE OF DEATH

26/43

- 1		REGISTRAR			CEKIII	ICATE OF D	EATH	REG. N	10.		
04		CEASED NAME FIRST		MIDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
V	TYPE	LINDA	<i>A</i> 1	ROSE	BRC	NW		OCTOBER	1.	1984	10:41AM
Ğ,	3. SEX	(4. RACE		5. DATE C			6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	
5.0		Female	Wh	ite	3	23	50	34	YRS	S.	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUN	NTY OF DEATH	
G.		rth Carolina	U.S	.A.	WIDOWE		ORCED	BALTIMO	RE C	ITY	MD.
10	5	TY OR TOWN OF DEATH LTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET A OHNS HOP	ADDRESS)			170. USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	OF WORKING		OF BUSINESS OR
1	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN orth Carolina		GIVE RESIDENCE BEFORE 131. CITY OR TOW Wedell		13d. INSIDE C	NO 🔣	13e.STREET ADDRESS Rt. 1 Box		27591	19499
n	14. FA	THER'S NAME	MIDDLE	IAST			MAIDEN NAA	AE MIDDLE		1121	AST
4		Adam		Scott	, Sr.	1	lartha	***************************************			arrell
10		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDF	ESS	27591	
2		YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES	238-86-8	158	Braxto	on Brow	wn Rt. 1 Box 129 Wedell, N.			1, N.C.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per	line for (a), (b), one	d (c).)					APPRO BETWEEN	NUMBER INTERVAL NONSET AND DEATH
		IMMEDIAT	E CAUSE (0)	ARDIO PU	Lmo	NARY	ARR	687			
			DUE TO, O	R AS A CONSEQUE	NCE OF						
		Conditions, if any, which	(b)_	pulmora	Iny !	embal	15m			_	
		couse (o), stoting the		R-#5/'A CONSEQUE						100	
45		(a) Clintinglog meno Sentenus pome manail									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN IN PART I	10
뜻	ATIO	OT JURCO	19h COND	ITION FOR WHICH	ICH OPERATION WAS PERFORMED			20s AUTOPSY?	20b IF	YES, WERE FIND	INGS LISED
Series	CERTIFICATION	DAIL OF OFERATION	170 COND	IIIO TOR WINCH	FOR WHICH OPERATION WAS PERFORMED			YES AL NOT	IN CER	RTIFYING CAUSE	S OF DEATH?
-	ERT	21a. ACCIDENT WAS UNDERLYING	216 TIME O	F INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM		140
7		OR CONTRIBUTING CAUSE OF DEA	10	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED	P. PLACE		19	211. LOCATIO)N				
	MEI	WHILE I NOT WHILE I		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (1) (this hospit	o ottended th	e deceased from	8/30	-84	10 34	to 10 -	1	10 84	, that (I) (we) lost
		sow the deceased live on above, (1) we did did not	10-1	19				leath accurred an the	date and I		
		226. SIGNATURE	A	Once decomi.		DEGREE				22c DAT	E SIGNED
		Carlos	Hull	grun			TTENDING PHYSICIAN	MEDICAL STA		10	-1-84
1		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRES	S	0.0			
		CAROLE B	HILL	er mi		ONCO	1054	35 THE	JOH	NS HOP	KINS HOSE
	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N		EMETERY OR O	REMATORY	23d LOCATION		COUNTY	STATE
	(Burial	10/4/	84 Ce	darwo	od Ceme	etery	Roanoke	Rapid	ds Hailf	ax N.C.
		JNERAL DIRECTOR		ADDR. 2	1229		25a. DATE	REC'D. BY REGISTRA			
	Hu	bbard Funeral H	ome, In	c. 4107 W	ilker	is Ave.	00	T 3 1984	gun	a Davidson	-Nandell

DIVISION OF VITA

DIVISION OF VITA

AND TO HOST ALL OR ATTENDING PHYSICIAN

TO HORRAL DIRECTOR. After this certificate

TO HORRAL DIRECTOR.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL KOGIENE CERTIFICATE OF DEATH

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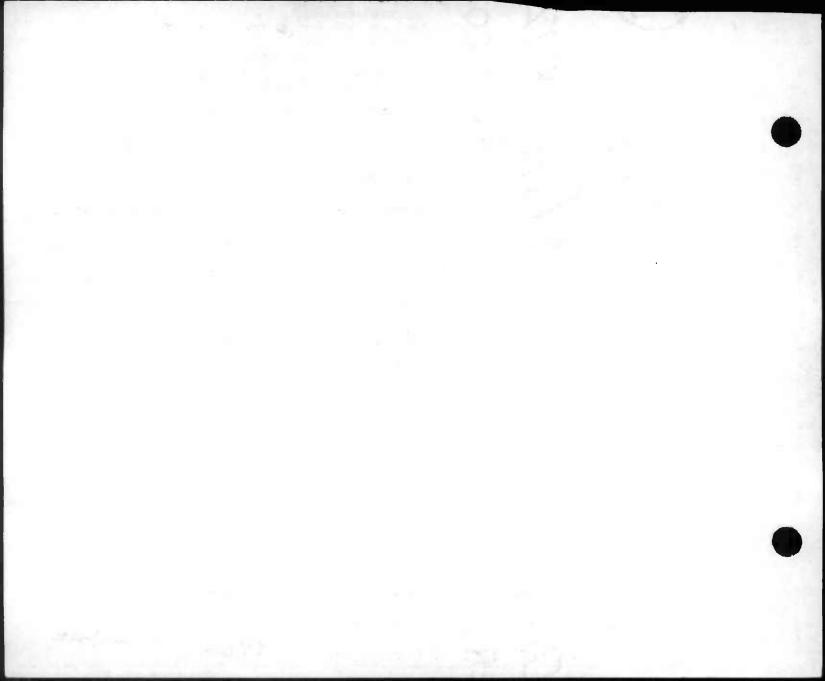
-1		REGISTRAR					REG. N	10.				
1		CEASED NAME FIRST	MIDD		LAST		20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR		
ı	(Maggi	е	В	rown		October	11,	1984	м		
1	3. SEX		4 RACE		OF BIRTH	YEAR	6 AGE (IN YEARS LAST BE	IF UNDER 24 HRS HOURS MIN.				
J	F	emale	Black		2 9	96	88	YRS.				
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8.	ED NEVER	MARRIED .	9 BALTIMORE CITY	OR COUN	TY OF DEATH			
		Unknown	USA	WIDOV	VED DI							
3		TY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INS	NOITUTION	12a USUAL OCCUPAT			OF BUSINESS OR		
1	_	altimore		non Care								
	13a. S		NTY 13c	CITY OR TOWN	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE			
4		MD		Baltimore	YES 🔀	NO 🗌	808 St	Pa	ul St.	21201		
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'	S MAIDEN NAM	WE		LAS	i1		
1		Unkn			Unknown							
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO	. IT INFORMA	INT	ADDR	ESS				
		203-03-5904 Cleo Bulter 808 St. Paul St.										
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:										
		IMMEDIATE CAUSE (a) OFFICE THE CONTROL OF THE CONTR										
			DUE TO, OR AS	A CONSEQUENCE OF	,	A Go.	- l . O	A.l.	Da			
		Conditions, if ony, which gove rise to immediate	(b)	- ACC	ironge	A acce	entire x	VICES	Charles ?	>		
1		couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUENCE OF			0					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g										
	z	TANT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	ATIC	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERAT	ION WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDI			
7	MEDICAL CERTIFICATION						YES NO		TIFYING CAUSES YES []	NO [
0	CER	210 ACCIDENT WAS UNDERLYING	21b. TIME OF IN	IJURY MONTH DAY YEA		JURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 1	PART (OR PART 7)			
	CAL	OR CONTRIBUTING CAUSE OF DE	Ain	19	- 1							
	EDI	21d INJURY OCCURRED	21e PLACE OF	NJURY FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR I	OWN	COUNTY	STATE		
	2	WHILE NOT WHILE AT WORK	(ATTOME, STREET,	ACTOR OFFICE, PARM ETC.)		11	1 - 1	1	0.			
		220.1 certify that (1) (this hasp	oital) attended the de	eceosed from	pticolic	1957	_ to _ Q ()	bez	. 19_57	that (I) (we) lost		
		sow the deceased alive a above, (1) (we) (did) (did n		er death.	and that in (my)	(our) opinion o	death occurred on the o	date and h	our and from the	causes stated		
		226 SIGNATURE	00	0:	DEGREE		T. BAYEL		22c. DATE	SIGNED		
			Lille	(e)		PHYSICIAN X	MEDICAL STA					
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	. /	22 ADDRES	is _	1-1-	Vi a		(1)		
		RUBEN	KEIDE	R/ 110	. 74	45 17	FURNACE	DKA	NCH NCA	Telatty.		
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	1	4A 2:16	6/ STATE		
		Burial	10/19	/84 Mt.	Zion			Lans	downe	a		
		JNERAL DIRECTOR	- / 110	ADDRESS		250 DATI	1 7 1004	256 BE	entre mette	made		
	Wn	n. C. March	F/H 110	1 E. Nort	h Aye.		1 1 BUT)	<u></u>				

E. North Aye.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician. IMPORTANT: If Hem 21 is marked or Hem. 18 shows ony injury, or other traumatic event, the



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, ar other troumatic

AAPORTANT: If them 21 is marked or them 18 shaws any

medical exam

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND M			EG. NO.	1 6 -	
	EASED NAME DR PRINT)	MAR'		A .	BF	20 W N		26. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR 5-15AM
3. SEX	F	4.	BL	ACK	5. DATE O		YEAR 12	6. AGE (IN YEARS		MONTHS DAYS	
Ma	THPLACE (STATE OR F DUNTRY) aryland		U.S.	Α.	MARRIE		ORCED	Baltimore o	_	Oity	MD
	YORTÓWN OF DEA altimore		(IF NOT IN SUC)	H FACILITY, GIVE	URSING HOME (STREET ADDRESS) Les Gen			120 USUAL OCC (TYPE OF WORK FOR			OF BUSINESS OR
130. ST Ma	aryland	ING HOME OR OT 13b. COUNTY	HER INSTITUTION,	13c. CITY OR	BEFORE ADMISSION)	134 INSIDE CITYES X	Y LIMITS?	138. STREET ADD		2121 ew Aveni	
	Her's NAME FIRST Harry		DDIE	Johns	son	F1	orenc	e	DDIE	Reyno	olds
	AS DECEASED EVER S. NO OR UNKNOWN)	IN U.S. ARME			SECURITY NO. L 2 - 0 3 7 6	Shir1			a 5428		ew Avenu
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT						A I L U	RE	acid		lo
CERTIFICATION	96 DATE OF OPERA	NOI	196. CONDI		HICH OPERATIO	ON WAS PERFORMED 200 AUTOPSY? 706 IF YES, WERE FIN IN CERTIFYING CAUS					
	216. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21¢ HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	M 18, PART I OR PART 2)	
ME	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ILE []	21e. PLACE ((AT HOME, STR		FFICE, FARM, ETC.)	211 LOCATIO STREET	7	CI	TY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	ed alive on_did) (did nat)	view the bady	100	.19, o	DE GREE A	ITENDING HYSICIAN	, to	STAFF	hour and from the	that (I) (we) last e causes stated
	A . C . C		VALT	T, M	1.6.	220 ADDRESS	sth C	harles	0 ~	. Henp	
	URIAL, CREMATION, BURIAL	REMOVAL	10/23	3/84		Calvar		An'he	owArun	del°°Co,	Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRARYS REGISTRAR'S SIGNARIAN CNAMMarch F/H Inc. 1101 ENorth Avenue

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

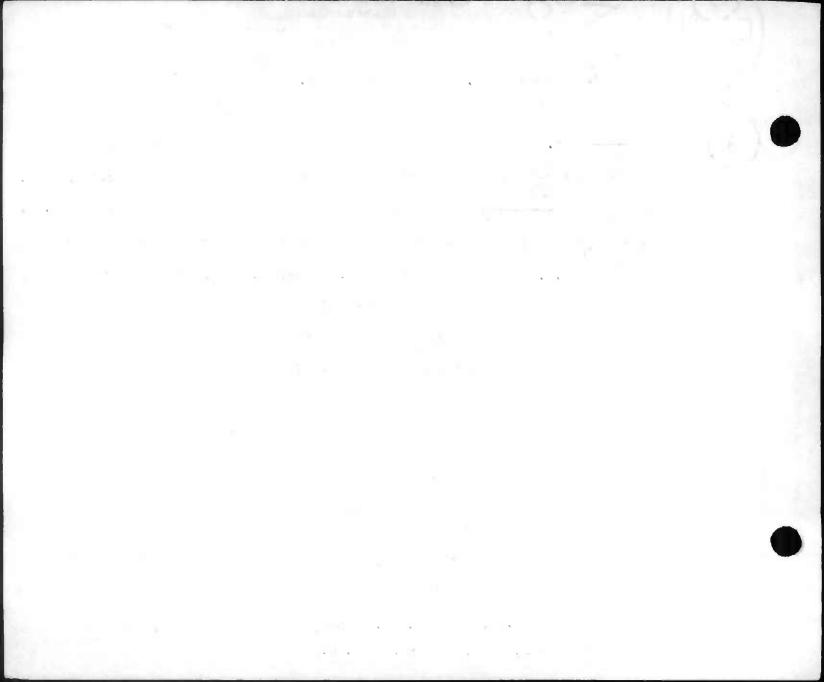
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL INGIENE

6

1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 / 11 0	
I. DE	CEASED NAME FIRST	MIDDLE	ŁAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(1Ab	Raymo	nd C.	Brown Sa.		10-15-84	5.38 M
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	THOAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	malo	white	MONTH DAY YE		YRS.	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 19 BALTIMORE CITY O	OR COUNTY OF DEATH	
	White Pa.	11.S.A.	MARRIED NEVER MARRIE	10-11	word (itu	MD.
10.0	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	N 12a. USUAL OCCUPAT	ION 126. KIND OI	BUSINESS OR
1	Balfimore/ AL RESIDENCE I IF MURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET SEAL HA OTHER INSTITUTION, GIVE RESIDENCE BEFOR	1 hours Gen. Ho.		TO WORKING LIFE) INDUSTRY	n Balto.
13a.	STATE 131 COUN	TY 13c. CITY OR TOW			ZIP CODE	alto.11230
LL F	ATHER'S NAME	MIDDIE LAST	15. MOTHER'S MAID	EN NAME MIDDLE		
X	Charles	1 Brown	Mary	rured	Friedles	FF
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDR		
4	Yes W.W.	2 185148	983 Mrs. Gentre	ude E. Brown, Sa	ne as above	
	18. CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b), or	Ç.			AATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSE	DBY: TE CAUSE (0) Cardia	ae Arrect			
z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEOU (c) HOSE CONDITIONS CONTRIBUTING TO	ence of Drawing	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDIN	
Ĕ				YES THE NOT	IN CERTIFYING CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	22a 1 certify that (I) (this hospi	tol) ottended the deceosed from 19 19 19 view the body after death.	October 10, 19, ond that in (my) (our) o	pinion deoth occurred on the d		hot (I) (we) lost ouses stoted
	27h. SIGNATURE	Clares Value	DEGREE ATTEND	DING MEDICAL STA	FF CIAN (D)	SIGNED 15/84
	220. PHYSICIAN'S NAME PLYPE OF	Acenedo VII	14 3001	S. Henover	St. Balki	we M.D
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMA	(ROWN SVI	lle, Marylane	STATE
34 F	UNERAL DIRECTOR	ama 120 E Eauthers	12	50 DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIONATE	JE DO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENT CEPTIEL CATE OF DEATH

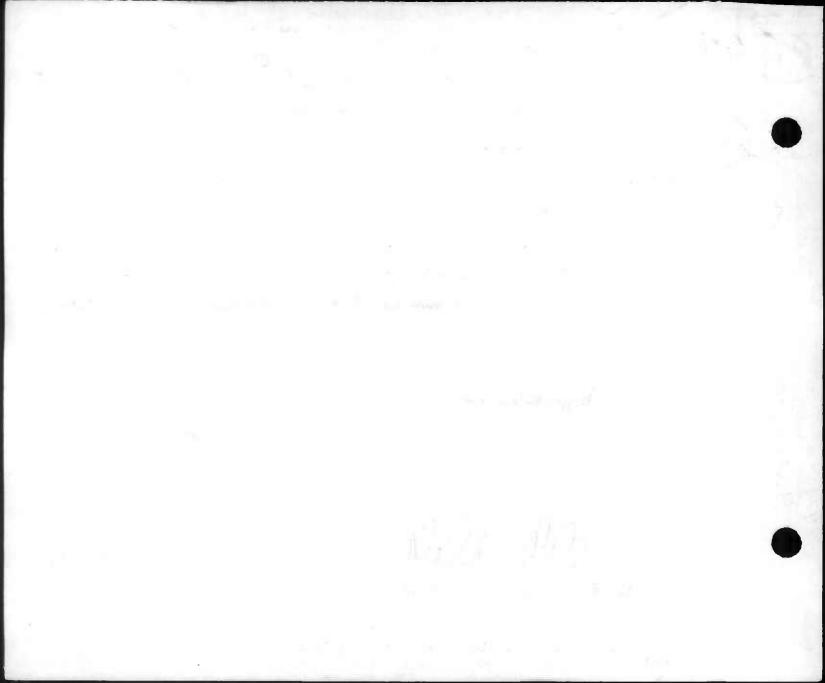
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'	- STATE REGISTRAR THO	MAS R	CHARD B	UELL JR.	CERTIF	ICATE OF DEATH	REC	5. NO.			
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOU	IR
,	C ON TRINGING	THOM	AS	RICHARD	E	BUELL JR.	1 1	10-1	1689	12:23	TIM
3. SE	X		4 RACE		S. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	# UNDER	24 HRS
M	ale		White			ember 14,1918	66	YRS		110043	MIN.
	IRTHPLACE (STATE OR E	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	D X NEVER MARRIED	9 BALTIMORE CI	Y OR COUN	TY OF DEATH		
	aryland		U.S.A.		WIDOW		BALTIMOR	E CTTY			MD.
	ITY OR TOWN OF DEA	TH	11. NAME OF			OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIND C	F BUSINE	SSOR
BA	LTIMORE CI	TY	100	EMORIAL H		'AT,	Retired	Analyi	st Socia	al Se	curi
	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SC / 7ID CO	Sutton	Place	e Apt
	aryland			Baltimor		YES X NO	1111 Pa	rk Avei	nue	212	01
14. F	ATHER'S NAME		Co	EAST		15. MOTHER'S MAIDEN NA	ME				
	Thomas		R.	Buell	Sr.	Evelvn	MIDD	LE	Beli		
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	1699	DRKirkw	ood Road	1	
	(YES, NO OR UNKNOWN)	WW .	E WAR OR DATES)	220-07-8	8679	Bobbie C. Bu					
	H CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b), one	d (cl.)					MATE INTE	RVA1 DEATH
	PART I. DEATH W	AS CAUSE	D BY	\sim 1	Nic	linen dis	seece		8	Vee	·a.,
	i	MMEDIAI		D AC A CONCEOUS	NCE OF						
l	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b)										
	gove rise to improve to improve to improve to improve to improve the improvement of the i	nediote	DUIS TO 0	r as a conseque	NCE OF						
	underlying couse		(0,0	K AS A CONSEQUE	INCE OF						
	PART 2 OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITIONG	EVEN IN PART I	0	
NO NO	h	1000	Kalem	~							
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN		
Ē							YES NO		YES	NO [
W W	210. ACCIDENT WAS UNE		216. TIME C	F INJURY M. MONTH DA	V VEAD	216 HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM II	B PART OR PART ?)		
AL	OR CONTRIBUTING (un .		19						
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	1 114	OR TOWN	COUNTY		TAIL
2	WHILE NOT WE	RK	(AI HOME SII	REET FACTORY OFFICE F	ARM, ETC.)	STREET					
	22a & certify that (1)	(this hos	tol) ottended th	e deceased from		. 19	to		. 19	thot (I) (we) lost
	sow the decease above, (I) (we) (I		Nine the bode	Atrib dobrin (19)	. 0	nd that in (my) (our) opinion	deoth occurred on t	he date and h	our and from the	couses st	oted
	27h SIGNATURE	1 19	di C	1101		DEGREE			The DATE	SIGNED	
1	,	SVI	W.	MAN	V(ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	10/	6/4	7
1	22d. PHYSICIAN'S N	AME (TYPE C	R PRINT		^	??e ADDRESS					
	CE	. 2	recha	n M.J	0.	UNION MEMORI	AL HOSPIT	AL, Ba	ltimore	, Md.	
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial		10/19	784 Lal	ke Vi	ew Memorial Pa	ark Syke	ville	Carro.	11	Md.
24 F	eroyme M. & 1	Russe	11 C. W4	tzke Eun	eral i	Homes P A 25m DAT	E REC'D. BY REGIST	RAR 25b. REGI	ISTRAR'S SIGNAT	URE	
1	630 Edmond:	son A	venue.Ca	tonsville	e. Md	. 21228	T 1 0 mo	A Lucio	Deindra	Bus	22
							- 4 90	1	1	-	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be Illit with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical



STATE OF MARYLAND CERTIFICATE OF DEATH

RNKOWSK

DATE OF BIRTH

204

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

FRANCIS SCOTT KBY MED CTVZ.

13c. CITY OR TOWN

Bukowski

16b. SOCIAL SECURITY NO.

IF UNDER 1 YEAR

MD

INDUSTRY

26 HOUR

126. KIND OF BUSINESS OR

PORT

LAST

ETIMPER SAME

REG. NO

6 AGE (IN YEARS LAST BIRTHDAY)

MONTH

10

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMERE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

LONGSHOREMAN

MIDDLE

-ADDRESS

13e. STREET ADDRESS

フィルマ

DEPARTMENT OF HEALTH AND MENTAL TO GIENE LAST 2a. DATE OF DEATH

30

MARRIED NEVER MARRIED

YES DA

17 INFORMANT

24 FUNERAL DIRECTOR

MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. sow the deceased alive an obove (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and have and from the couses stated 22h SIGNATURE DEGREE 22r. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS FRANCUS SCOTT KBY MED CIR, BACTIMONE MD 2122 MICHALL SOULIST 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE Baltimore 10/13/84 Burial Oak Lawn 250 DATE REC'D. BY REGISTRAR 2510 REGISTRAR SIGNAPORE COLOR Walter Dabrowski 1005 Dundalk Avenue

3 SEX To BIRTHPLACE (STATE OR FOREIGN Maryland 10. CITY OR TOWN OF DEATH RALTIMORE WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE MID 14 FATHER'S NAME 16a WAS DECEASED EVER IN U.S. ARMED FORCES?

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riol-tronsit perr entol Hygiene p certificate has

entol

\$ O

IFICATION

(YES, NO OR UNKNOWN)

James

FOR - STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

(IF YES, GIVE WAR OR DATES)

PART I. DE ATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (o), stating

underlying couse lost

19n DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

13b COUNTY

FIRST

4 RACE

RALTIMORE

MIDDLE

JAMES

215093494

BALTIMORES

13d INSIDE CITY LIMITS?

YEAR

DIVORCED

NO [

15. MOTHER'S MAIDEN NAME

Suzanna

MARIE BUKOWSKI

7248 BRIDGELOOD

BRIDGEWOOD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). CHRONIC OBSTRUCTIVE PULMONARY DIS. END STAGE IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF 3 MOKING

T

W

is 3VA

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

DUE TO, OR AS A CONSEQUENCE OF

21b. TIME OF INJURY

HOUR A.M.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

CORENARY DISEASE. INFECTION

MONTH DAY YEAR

STROKE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DISTRAGA SETZURE 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY?

NOM

IN CERTIFYING CAUSES OF DEATH? YES [NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

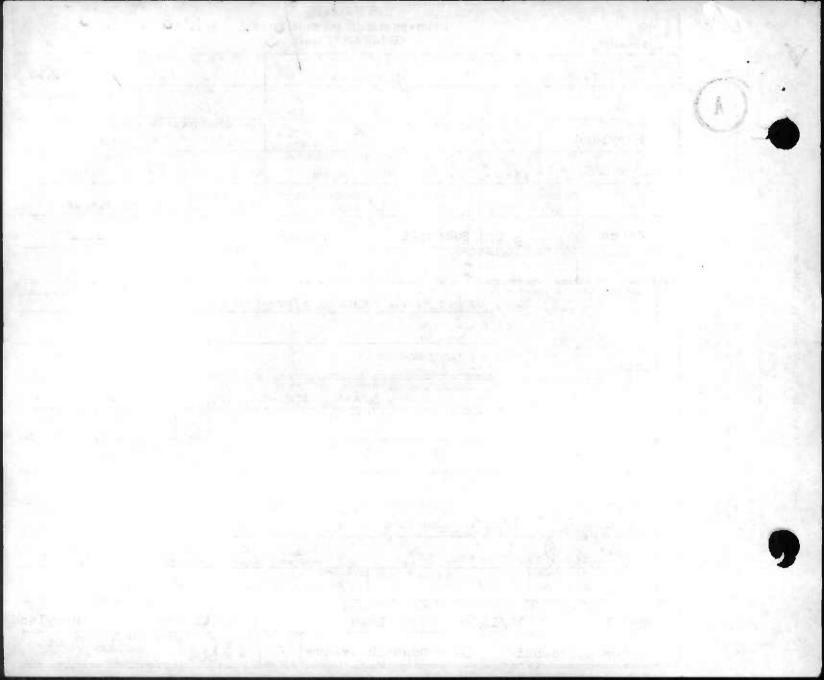
MaryTand

DHMH-16 30M 2/80 (VRA 15, 4)

FUNERAL DIRECTOR

should be detached with the State Dept

MPORTANT: IF



0 1		1 DE	OR PRINTIL AND FIRST	E W. BYRCH		20 DATE OF DEATH MONTH 10/31/84 6. AGE (IN YEARS LAST DIRTHBAY)	DAY YEAR 2b I
1			MALE	White MONTH	4/4/08	74-75 YRS.	IFUNDER I YEAR OF UI
d at ouce	9		OUNTRYISA	MARRIEL NAME OF HOSPITAL, NURSING HOME OF	DIVORCED	3A17	CHY.
be notif	10		BAUT CITY ALRESIDENCE (IF NURSING HOME OR O'	Setwitiu N.	H.	120 USUAL OCCUPATION (TYPE OF WORKING)	IZE KIND OF BU
ner must b	5	130 5	THER'S NAME	DAT BATTO	13d. INSIDE CTY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	13e STREET ADDRESS 2126 E. BALTIMO	eE St./213
examin				Burch	Lilly	WIDDEE	Arms
the medical				II PAGE IAL SECURITY NO. PAGE IAL SECURITY N	Robert Burch	/ 615 S. Milto	n Ave./ 21
event,			18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1/4/1//////////////////////////////////	re Myelo.	MA	APPROXIMATE BETWEEN ONSET
troumatic			Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF			
or other			couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
injury,		TION		nditions <u>contributing to death</u> but			
>-	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		YES NO NO	ES, WERE FINDINGS (IFYING CAUSES OF D 'ES \(\text{ NO.} \)
shaws any		2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR . P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Item 18 shaws any	9	ICAL		121- DIACE OF MULIEV	21f. LOCATION	CITY OR LOWN	COUNTY
or Item 18	9	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	A = L	C
Hem 18	9	MEDICAL	WHILE NOT WHILE 220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not):	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET 19 97	to 10/31	, 1959, that (
T. If Item 21 is marked or Item 18	7	MEDICAL	WHILE AT WORK NOT WHILE AT WORK 220-1 certify that (1) (this hospital saw the deceased alive an obove, (1) (we) (did) (did not): 226. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1) attended the decensed from	od that in (my) (our) opinion de	10/31	
Item 21 is marked or Item 18	9	MEDICAL	WHILE NOT WHILE 220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not):	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1) attended the decensed from	od that in (my) (our) opinion de	no 10/31 coth occurred on the date and ha	ur and from the cause

SEE THE THE TANK THE PROPERTY OF THE PROPERTY Drief Hov. J.198 Rolly Hill Men. Tone Bal - Horn Co., 24. lidy h bile Inc. Modelnasen Ave./agen : Har i ga de e e e e e

·o M	
FB-T1	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIEN

	0	6	1	3	U
_	600	9			

11.	STATE REGISTRAR	2017	CERTIF	ICATE OF DEATH		REG. NO.					
	CEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATH M	ONTH	DAY	YEAR	2b. HO	UR
1	WILLIA	М В.	В	URCH Sr.			0	27	84	7:4	SPM
3 SE	Х	4 RACE	5. DATE (1	AGE (IN YEARS LAST BIRTH	DAY)	IF UNDE	ER 1 YEAR	# UNDE	R 24 HRS
1	Male	White	Mar	ch 7, 1911	5	69	YRS.	MUNINS	DATS	HOURS	M IN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B.	D NEVER MARRIED	, []	BALTIMORE CITY OR	COUNT	Y OF DE	EATH		
10	MD	USA	WIDOW	_		BALTIMORE C	ITY				MD
19:C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NU		OR OTHER INSTITUTION		120 USUAL OCCUPATION			KIND O	F BUSIN	IESS OR
	LTIMORE CITY	UNION MEMORIA	L HOSPI	TAL		Self-emplo			Ret	ail	
13a. :	AL RESIDENCE (IF NURSING HOLEO STATE NIL COU MD Bal	n other institution give residence by NTY 130. CITY OR The Dunda	IOWN	13d INSIDE CITY LIMI YES NO [2	TS? 1 ≸	3. STREET ADDRESS / Z 1715 Grey	IP COD	e ne f	₹d.	, 21	1224
M.E.	ATHER'S NAME	MIDDLE LAST		15_MOTHER'S MAIDE	NAM	MIDDLE			4.05		
V_{-}		ood Burch		Bernac	dette			Cor	nbs		
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16h SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRES:	5	1			
	Yes WW		6511	William	в.	Burch, Jr	٠.,	Ge	eorg	ia	
		nly one couse per line for (a), (b	1, and (c . 1	·					APPROXI	MATE INT	ERVAL ID DEATH
	PART I. DEATH WAS CAUSI	TE CAUSE (D) CARD	IAC	ARREST							
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE		151 m 151	1064	ITIE LYMPI	1014	7			
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMIN	nal disease or condi	TION GI	VEN IN	PART Ico		
1 E	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?			EFINDIN		
CERTIFICATION	10 24 84	FEEDING	JEJU	NOSTOMY		YES NO		ES .	CAUSES	NO NO	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE {IF EITHER NOTEY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR		CCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PARTIOR	PART 2)		
WED	21d IN JURY OCCURRED while NOT WHILE AT WORK	21e PLACE OF INJURY	FICE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	4	(0	YINUC	9	STATE
	sow the deceased alive at above, (I) (we) (did) (did no	ntol) attended the deceased from 1027 attended the body after death.	2016	nd that in (my) (our) op	84 pinion de	to 10 24	and ho		rom the	couses s	
	Shaile 1	Maddaiah		DEGREE ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIA	AN D	21	DATE	27	184
	SHAILA	MADDALAH		220 ADDRESS UNION	μ	EMORIAL	Ho	SPI	TAL	_	
23a	BURIAL, CREMATION, REMOVAI Cremation	10/29/84	_	Mount	ORY	Balto.,		COUN	VIA V	1D	STATE

BP.

retained by the haspital

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked an

Henry W. Jenkins Road Balto., MD & Sons Co. 21212 24 FUNERAL DIRECTOR Hen 4905 York Road

25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

The second of th are well and revent Yes the second of the property and the

file in the in the contract of the contract of

TOTAL CONTRACTOR OF THE PARTY OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARDY CITTLE

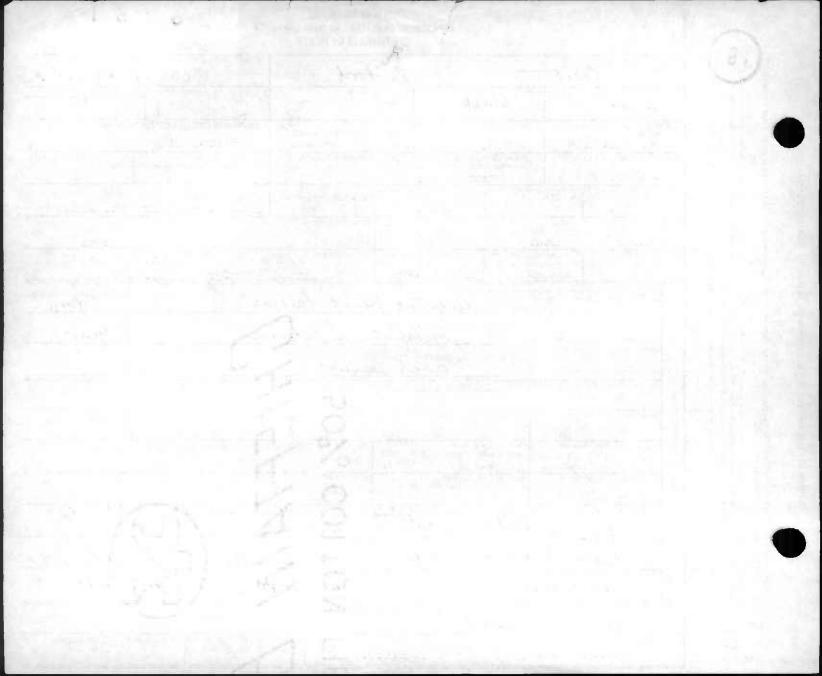
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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST		MIDDLE	Bur	ford	20. DATE OF	DEATH MO		2 84	26. HOUR 1210
	3. SE	male	4	RACE 6/2	rek	S. DATE C	DF BIRTH		ARS LAST BIRTHD.		IF UNDER I YEAR	IF UNDER 24
25	7a. 81	RTHPLACE (STATE ORFI		L. CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED		Lto. C:	OUNTY	OF DEATH	
37	10. CI	TY OR TOWN OF DEA		1. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL C	CCUPATION FOR MOST OF WI			OF BUSINESS
35		AL RESIDENCE (IF NURSI STATE Md.	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	130. STREET A	DDRESS	berry	y St.	21223
00		THER'S NAME FIRST Walter	Hen	idole	Burfor		15. MOTHER'S MAIDEN NA FIRST Maggie	ME	MIDDLE		Tucke	er
1		VAS DECEASED EVER VES. NO OR UNKNOWN) Yes		WAR OR DATES)	16b. SOCIAL SECU 226-30-5	•	Mr. Carrol	.l Burfo	address ord, Mo	Rt.		
		PART I. DEATH W.	H (Enter only AS CAUSED IMMEDIATE	BY:	Congest		reart fail	re				dans
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	nediote g the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF to			ORCONDI	1011 6111	? 91	ar
9	IFICATION	gave rise to imm couse (a), stating underlying couse	nediote g the lost.	DUE TO, O	R AS A CONSEQUE	DEATH BUT		NINAL DISEASE	PSY? 2	Ob. IF YES.	, WERE FIND YING CAUSE	INGS USED S OF DEATH
99	CAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	nediote 9 the lost. VIFICANT CO	DUE TO, O (c) DIDITIONS CI 196. COND 216. TIME C HOUR A.	R AS A CONSEQUE ONTRIBUTING TO E (TION FOR WHICH	DEATH BUT	ailure NOT RELATED TO THE TERM	NINAL DISEASE 20e AUTO YES	PSY? 2 NO	Ob. IF YES, V CERTIFY YES	, WERE FIND YING CAUSE	INGS USED
9	MEDICAL CERTIFICATION	gove rise to immonstance (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C	DERLYING	DUE TO, O (c) DINDITIONS C: 19b. COND 21b. TIME C HOUR A. P. 21o PLACE	R AS A CONSEQUE FUND ONTRIBUTING TO E OTION FOR WHICH OF INJURY M. MONTH DA M.	DEATH BUT OPERATION AY YEAR 19	A CLUVE NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE 20e AUTO YES	PSY? 2 NO	Ob. IF YES, V CERTIFY YES	, WERE FIND YING CAUSE	INGS USED S OF DEATHS
7		gave rise to immr couse (a), softing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE (IFEITHER, NOTHEY MEDIC 21d INJURY OCCURE) WHILE NOTHIN NOTHEY MEDIC 21d INJURY OCCURE	nediote g the lost. NIFICANT CO END END END END END END END EN	DUE TO, O (c) DNDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME ST	R AS A CONSEQUE ONTRIBUTING TO E (TION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. de deceosed from ofter death.	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION STREET 19 44 10 d that in (our) apinion DEGREE	20d AUTO YES RED (ENTER NAT	PSY? 2 NO URE OF INJURY IN CITY OR TOWN 1 12 d on the date	Ob. IF YES, N CERTIFY YES	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAIL tho (we excuses state)
99		gove rise to immodule to the couse (o), softing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WAS UND OR CONTRIBUTING COURT WAS UND OR CONTRIBUTING COURT WAS UND 21d. INJURY OCCURR WALLE NOTH ALL WORD 22b. SIGNATURE COURT WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS UNDERLY WAS USED TO COURT WAS UNDERLY WAS USED TO COURT WAS U	DERLYING CAUSE OF DEATH CALEXAMINER) RED ORDERLYING CAUSE OF DEATH CALEXAMINER ORDERLYING CAUSE OF DEATH CAUSE	DUE TO, O (c) DNDITIONS C. 19b. COND 19b. COND 21b. TIME C. HOUR A. P. 21c PLACE (AT HOME ST. View the body	R AS A CONSEQUE ONTRIBUTING TO E OTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. THE deceosed from THE CONSTRUCTION T	OPERATION AY YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 21f LOCATION STREET 19 84 nd that in (our) apinion	200 AUTO YES RED (ENTER NAT . 10 Geath occurred MEDICAL DIRECTOR	PSY? 2 NO URE OF INJURY IN CITY OR TOWN d on the date	Ob. IF YES, N CERTIFY YES NITEM 18 PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAIL tho (we

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

etained by the hospital or offending physician



Wm. C. March F/H 1101 E. North

(VR A15 ME (5) 20M 4/B2 STATE OF MARYLAND

Mt DEPARTMENT OF HEALTH AND MENT & HYCIENE



Page 4 may be

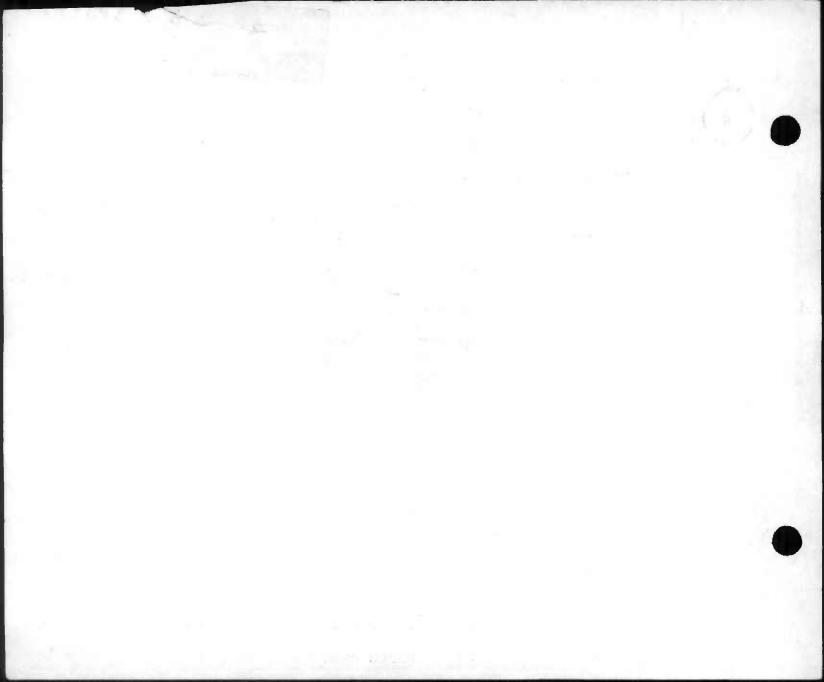
STATE OF M.	ARYLAND
DEPARTMENT OF HEALTH	AND MENTAL TYGIE
CERTIFICATE	OF DEATH

FOR 1 - STATE REGISTRAR	C	EPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL MYG CATE OF DEATH	PEG. NO	573	S
1. DECEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT) Thomas		Burks		October	12, 1984	
3. SEX	4. RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTI	MONTHS DAY	
Male	Black	1º0°	10 1937	4	47 YRS	TS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va.	76 CITIZEN OF WHAT CO	MARRIED	□ NEVER MARRIED □ □ DIVORCED 🖾	9. BALTIMORE CITY OF Baltimo	COUNTY OF DEATH	
10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C 3618 Luc	, NURSING HOME O	ROTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS O
USUAL RESIDENCE (IF MURSING HOME (130 STATE 130 COL	JNTY 13c. CITY		134. INSIDE CITY LIMITS? YESXX NO [3618 Luc	ZIP CODE ille Ave.	2121
14 FATHER'S NAME Unknown	WIDDIE	LAST	15. MOTHER'S MAIDEN NAME Alice	ME		iast Irk s
(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATEST	ial security no. -48-7502	Janice Haw	ADDRES	Southern	Cross Oximate interval
PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION		ING TO DEATH BUT I		20a AUTOPSY?	206. IF YES, WERE FINING CAUS	DINGS USED ES OF DEATH?
210. ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES THE PART OF PART	NO [
VILLE NOT WHILE AT WORK	P.M. 210 PLACE OF INJUR (AT HOME STREET, FACTOR		21f LOCATION STREET	CITY OR TOW	vn (OUNIY	STATE
220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did)	te and hour and from t					
276. SIGNATURE	Caren of	en la	ATTENDING PHYSICIAN [MEDICAL STAF	F	TE SIGNED
DR. / BG	R GER		SINA!	Hospina		
Burial (SPECIFY) Burial	10/17/84		emetery or crematory em Park	23d LOCATION CITY OR TOWN Randal		STATE
Wm. C. March	F/H 1101	E. North		E REC'D. BY REGISTRAR	251. REGISTRAR'S SIGN	Pandall.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.



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Page 4

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGREDE

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250. DATE REC'D. BY REGISTRAR 156 REGISTRAR'S GNATURE

1984

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
	1. DECEASED NAME FIRST HE	oward Leonard	Roccoccas Sermeister	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 755 M
1	3. SEX Male	4 RACE White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS.
1	Maryland	76. CITIZEN OF WHAT COUNTRY U.B. S. A.	MARRIED L NEVER MARRIED WIDOWED DIVORCED	Baltim	OR COUNTY OF DEATH MD.
	Baltimue	FUNCES SOFT	t lev med centes	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	PEWORKING LIFE) INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b COUN Maryland 14. FATHER'S NAME		YES XX NO	130 STREET ADDRESS	Eaton Street 21224
		Burneis	ter Rose FIRST	MIDDLE	Reinhold
	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (18 YES, GIVI	MED FORCES? E WAR OR DATES) 212-10-		rmeister 704	S. Easton St. 21224
	PART I. DEATH WAS CAUSEI		and (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQ	mint Ling Ca	M C C C CON	dups weeks
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK		DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJUI	
	220.1 certify that (I) (this hospit	tal) attended the deceased fram Oct 29 1) view the bady after death.		MEDICAL STAI	
	226 PHYMCIAN'S NAME (TYPE O	Goldman	Muncis Sc	· // V	hedical Center
	23d. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c	Sacred Heart Cem.	Dundalk	Balto Co My STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filled within 1

injury, ar other traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN: The

retained by the haspital ar attending physician. ATTENDING

O HOSPITAL

IMPORTANT: If them 21 is marked or them 18 shaws any

24 FUNERAL DIRECTOR

harles S. Zeiler & Son Inc. 901 S. Conkling NOV

respective to the second of icie / / Care Cineral e e siemei mid //-2-4 decembers just a series of the se

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(B)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.g. 1. should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours official with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
	HOSPITAL OR A	FUNERAL DIREC
	Ope	ohs by

Item	3FilmG596	10/9/84JAB
FOR		///
CTATE		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALTRY GITHE

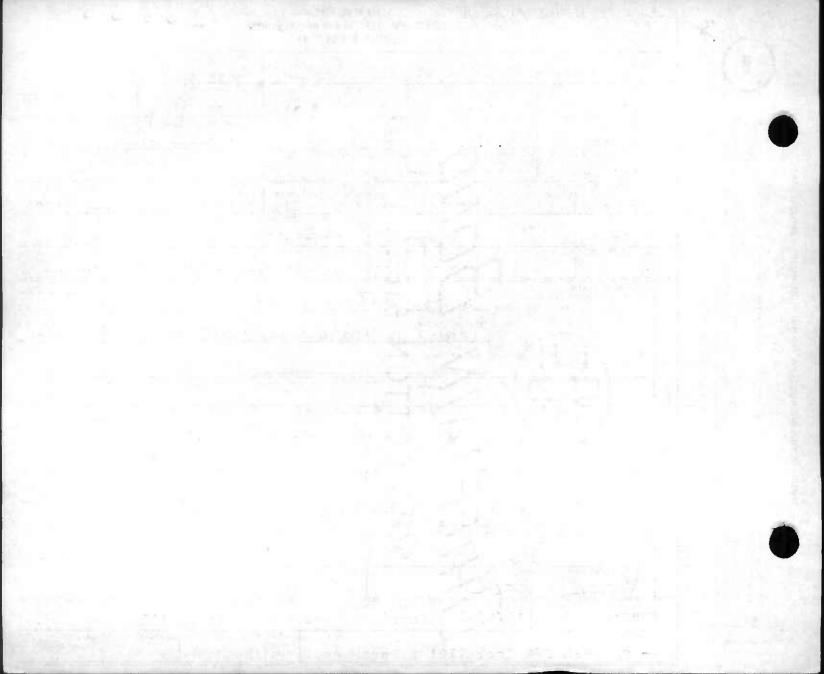
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IDECTACE IN AME MODE LOST THE OPEN AND A THE PLACE S. DATE OF BRITH D. BUSH D. CTOBER 3, 1984 M. CTOBER M. CONTROL M. CTOBER M.		- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0		
JESSIE D. BUSH CRACE SOATO F BRITT Female Black SOATO F BRITT SOAT				MIDDLE		LAST			DAY YEAR	2b. HOUR
SEAR S. DATE OF BRITH S. DATE S.			IE	D.	В	USH	OCTOBER	3.	1984	M
BRITHPLACE SIZE OF OPERATION BRITHPLACE SIZE OF OPERATION CHIZEN OF WHAT COUNTRY	3. SE	Х	4. RACE						IF UNDER 1 YEAR	
### BRITHACC STATE GROSS ON A CITIZEN OF WHAT COUNTRY MARRIED MARRIE		Female	B1a	ack			5.0	YRS	MONTHS DAYS	HOURS MIN.
Maryland U.S.A.	≯o . B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8				Y OF DEATH	
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NAME ADDRESS DOCT = 4001						25a. DATE			TRAR'S SIGNAT	TURE
wm U March F/H Inc. 1101 E North Ave. I III. D Mod I		Wm C March F	/H Inc	1101 F.	Nor	th Ave OCT	5 1984	20	M-roil.	indell

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MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical exam



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within 24 hours ofter

requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician.

and completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cami should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGTENE CERTIFICATE OF DEATH

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ı		REGISTRAR					REG. N			
ſ		EASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	4	DAY YEAR	26 HOUR
1	(IIIE)	MARTHA	JUL	LA	BUSH			10/10/	84	3:30pm
ì	3. SEX		RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THD AY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	10	Pemale	White		MONTH	19, 1929 YEAR	55		MONTHS DAYS	HOURS MIN.
ł	_			WHAT COUNTRY?	18	19, 1929	9. BALTIMORE CITY C	YRS.	Y OF DEATH	
3	C	OUNTRY)			100	NEVER MARRIED	BALTIMORE			
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1	-1	LTIMORE CITY		nes Hospi			Clerk District Courts			
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2		yland Howar		Elkridge		YES NO	6199 Old W	lashin	gton Bl	vd.21227
1	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NAM				
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+		'AS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
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d		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per	line for (a), (b), one		,			BETWEEN	MATE INTERVAL ONSET AND DEATH
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+	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCURR				ПО
		OR CONTRIBUTING CAUSE OF DEAT	110110 4	M. MONTH DA	YEAR		TEN TENTEN INCOME OF THE			
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1		AT WORK NOT WHILE								
1		22a-1 certify that (1) (this haspital) attended the deceased from 10/7, 19 84, to 10/16, 19 84, that (1) (we) last								
1		saw the deceased alive on 19 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the body after death.								
4		276. SIGNATURE DEGREE 271 DATE SIGNED								
1		William & yor MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN / 14/9/84 224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS								
Н		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	0	0.071	22e ADDRESS] DIKECTOK [] TITTSK	- INIA SET	1/	
4	8-1	WILLIAM L. YAP MO ST. AGNES HOSPITAL								
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	-		Oct 1	3.84 We	adowr	2		Howard Co. Maryland		
		NERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
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STATE OF MARYLAND

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1	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTACHYG FICATE OF DEATH	TENE REG. N	0.		
	DECEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
L	TYPE OR PRINT) Garfiel	2d	Ви	tler		10 -	26 -84	3:55 pm
3.	SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 ARS
1	Male	Black	MONT 9	- 23 - 1916	68	YRS.	MONTHS DAYS	HOURS MINI
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8.		9 BALTIMORE CITY		Y OF DEATH	
V	irginia	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimo	re.		MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME		12a. USUAL OCCUPAT	ION		F BUSINESS OR
3	altimore	2835 Wincheste			Retired	OF WORKING L	(FE) INDUSTRY	
	SUAL RESIDENCE (IF NURSING HOME O 38. STATE Baltimore	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2835 Winc	heste	2146 r St. B	altimore
14	FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAMES THE STREET		// =	Cottm	
16	WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDRI	ESS	00000	
	(YES, NO OR UNKNOWN) (IF YES, GI	224-18-9	075	Dorothy Give	ens 3514 W	oodma	one Rd	21:07
F	18. CAUSE OF DEATH (Enter a	inly ane cause per line for (a), (b), a	nd (c))	- 4	A 1	0		MATE INTERVAL
	PART I. DEATH WAS CAUS	ATE CAUSE (o) Prob	able	aute 1	Macondo	al		
		DUE TO, OR AS A CONSEQU	ENCE OF	Interet.	m 1			
	Conditions, if ony, which	((b) Oi 3/	Arra	asctendone	card	col	AL M	
Г	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	asula	Disame	,		
	underlying cause last.	((c)						
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 10	a '
18	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	NI WAS DEDECTATED	20a AUTOPSY?	120h IE VE	S, WERE FINDIN	ICC HEED
1	E I'M DATE OF GREATION	THE CONDITION TOR WHICH	OFERATIO	WAS FERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
- 3	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO		ES D	NO []
					TEMPERATURE OF THE		TANT TONTANT 27	
1 5	OR CONTRIBUTING CAUSE OF DE	P.M. 21e PLACE OF INJURY	19	211 LOCATION				-
1		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
L		pitol) attended the deceased from	0	10 8 10 8	9. 10	156	10 84	that (I) (we) last
	sow the deceased alive or	n19		nd that in (my) (our) opinion o	death occurred on the de	ate and hou	0	
	22b. SIGNATURE	at) view the body after death.		DEGREE			22c. DATE	
	Refr.	+ Abouss	m	ATTENDING	MEDICAL STAI		16	129/8
1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		1	nd	110
	KIfat	- Abousy	m	2300	Carriso	N 13	100	
23	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE
L	Eurial	10-29-84 Mo	unt A	uburn Cemeteri			Max	rid and
1	FUNERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTRAR		TRAR'S SIGNAT	Prode Ba
L	verson R. Bailey	1348 N. Colhou	n Str	eet U	101 20 1984	ike	L Davidson	Market

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

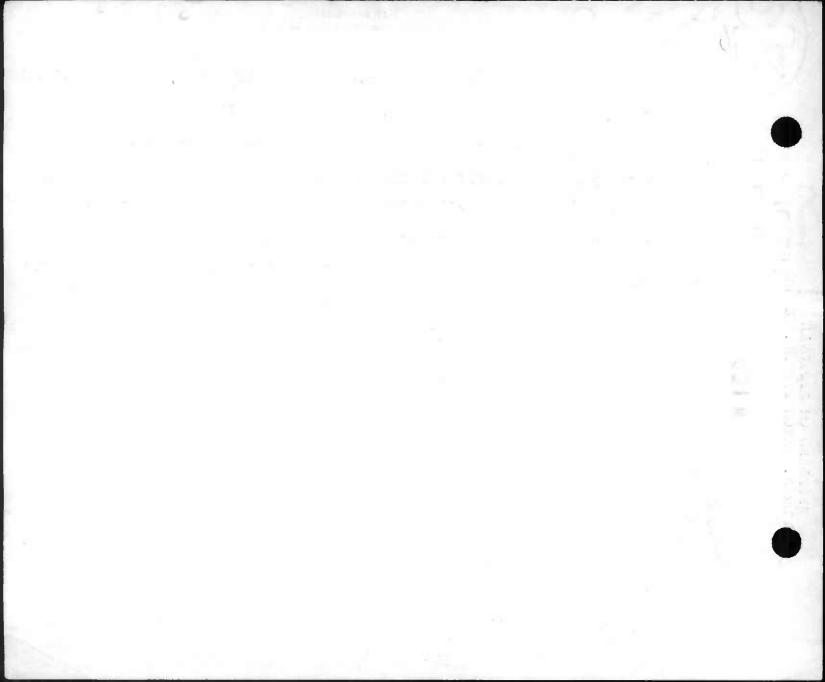
Laborated Starts and Mark The state of the s Proposition And O & 130 position will be likely asset in asset

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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DE	REGISTRAR CEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEA	G. NO.	OAY YEAR	2b. HOUR
	E OR PRINT)		C.	DIII	T E D	OCTOBE	_	1984	6:21
3. SE	MARIJ	4 RACE	•	5. DATE C	CLER	6. AGE (IN YEARS LA		IF UNDER 1 YE	
3. SE	^	RACE		MONTH	DAY YEAR		0.0000000000000000000000000000000000000	MONTHS DA	
	FEMALE	TIHW			21 1913	71	YR		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNT	MARRIE	NEVER MARRIED	9. BALTIMORE CI	_		
	MD.	U.S.A		WIDOWE		BALTIMO			
10 CI	ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE ST	TREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCU (TYPE OF WORK FOR M HOMEM?	OST OF WORKIN	G LIFE) INDUST	OF BUSINESS RY
	ALTIMORE /				HOSPITAL	HOMEMA	AKER		
13a. S	AL RESIDENCE (IF NURSING HI WE OF STATE MD.	DR OTHER INSTITUTION		EFORE ADMISSION) TIMORE	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDR	LAK	ODE EWOOD	AVE. 2
4 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		u.e		1461
	HENRY	M.		BBERN	CAROL	INE		DOR	NHECKE
6a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMANT		DDRESS		
(YES, NO OR UNKNOWN) (IF YES, G	INE WAR OR DATES)	213-0	09-2709	EDGAR BUT	LER JR.	(SON) SAME	ADDRE
	18. CAUSE OF DEATH (Enter of	only one couse pe	r line for (a), (b)), and (c).)				APPR BETWE	OXIMATE INTERVA
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	/ 1	Mory	amet			2	hrs
	IMMEDIA		1	/					
	Conditions, if ony, which	DUE TO, C	OR AS A CONSE	OUENCE OF					
	Conditions, it ony, which	(h)							
	gave rise to immediate) "							
	gave rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, C	R AS A CONSE	OUENCE OF					
	couse (a), stating the underlying couse lost.	(c)			NOT DELATED TO THE TEDA	INAL DISEASE OR	CONDITION	CIVEN IN PART	lue
NO	couse (a), stoting the	(c)			NOT RELATED TO THE TERM	IN AL DISEASE OR	CONDITION	GIVEN IN PART	110
ATION	couse (a), stating the underlying couse lost.	CONDITIONS C	ontributing	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR (20b IF	YES, WERE FIN	DINGS USED
IFICATION	couse (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing	TO DEATH BUT		200 AUTOPSY?	20b IF IN CE	YES, WERE FIN RTIFYING CAUS	DINGS USED SES OF DEATH
CERTIFICATION	couse (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING DITION FOR WH	TO DEATH BUT		20a AUTOPSY?	20b IF IN CE	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH
AL CERTIFICATION	COUSE (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS C	ONTRIBUTING DITION FOR WH DE INJURY .M. MONTH	TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY?	20b IF IN CE	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH
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	Couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (19 ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE ALWORK ALWORK	CONDITIONS C 19b COND 21b TIME C HOUR A ERIH P 21c PLACE (AT HOME ST	ONTRIBUTING DITION FOR WH DE INJURY .M. MONTH .M. OF INJURY REEL FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENIER NATURE O	20b IF IN CE	YES, WERE FIN RTIFYING CAUS YES	DINGS USED SES OF DEATH NO 27
	Couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D CA	CONDITIONS C 19b COND 21b TIME C HOUR A ERI) 21e PLACE (AT HOME ST	ONTRIBUTING DEFINJURY .M. MONTH .M. OF INJURY REEL FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	21c HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENIER NATURE O	20b IF IN CE FINJURY IN ITEM	YES, WERE FIN RTIFYING CAUS YES	DINGS USED SES OF DEATH NO 27
	Couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 22a, I work 22a I certify that (I) (this hos) sow the deceased alive on obove, (I) (we) (did) (did on obove, (I) (we) (did) (did on obove).	CONDITIONS C 19b. COND 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AI HOME ST	ONTRIBUTING ONTRIBUTING OF INJURY .M. MONTH .M. OF INJURY REEL FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC 1	211 LOCATION street d that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENIER NATURE O	20b IF IN CE FINJURY IN ITEM	YES, WERE FIN RTIFYING CAUS YES (OUNTY 19 844 hour and from 1	DINGS USED SES OF DEATH NO STA
	Couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a Certify that (1) (this has sow the deceased alive of the county of the cou	CONDITIONS C 19b. COND 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A P 21e. PLACE (AI HOME ST	ONTRIBUTING ONTRIBUTING OF INJURY .M. MONTH .M. OF INJURY REEL FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC 1	216 HOW INJURY OCCUR! 211 LOCATION STREET 19 8 9 d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENIERNATURE O CITY MEDICAL	20b IF IN CE IN CE FINJURY IN ITEM OR TOWN he date and	YES, WERE FIN RTIFYING CAUS YES (OUNTY LIB PART LOR PART (OUNTY About ond from 1 221. DA	DINGS USED SES OF DEATH NO 27
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after doubt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified or ance.
	Te a	P- V 3	5

BP_ DHMH - 16 50M 4/82

(VRA 15, 4)

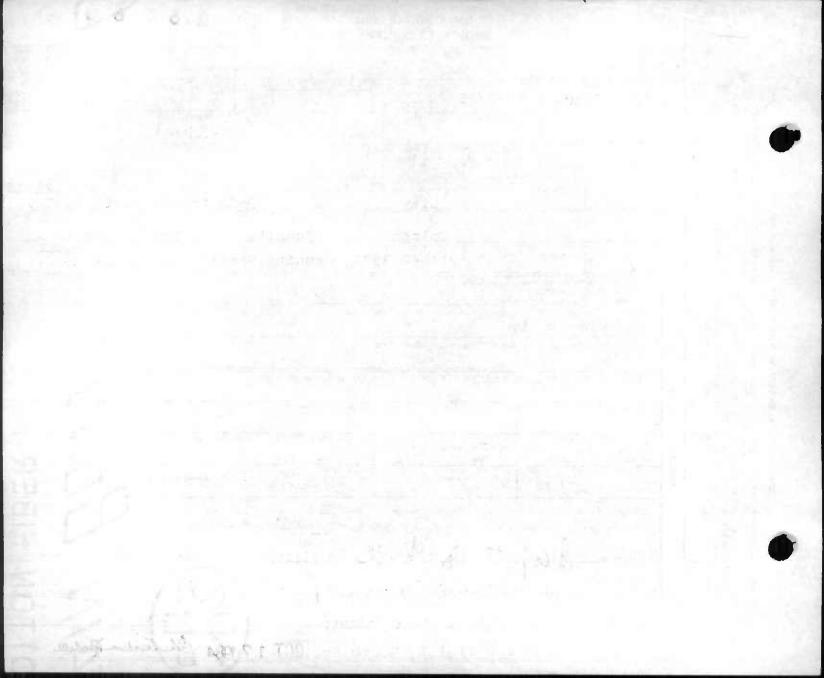
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL AY GIENE
CERTIFICATE OF DEATH

	1-	FOR DEPARTMENT OF HEALTH AND MENTAL AYGIÊNE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST	R Mary		ans 17 LE	Butler	20. DATE OF DEATH	MONTH	DAY	YEAR 87	26. HOUR 2 40 13 M
	3. SE)		4 RACE	ite	5. DATE O	F BIRTH 1889	6. AGE (IN YEARS LAST 8	YRS	MONTHS		HOURS MIN.
7		RTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U.S		MARRIE	Carl Carl	Baltimore City Balti	more	City		MD.
1		Baltimore	North	Charles	General General		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Homemak	OF WORKING	G LIFE) INC	KIND O DUSTRY	F BUSINESS OR
	M	AL RESIDENCE (IF NURSING HOME OF TATE 136. COL	OR OTHER INSTITUTION. JNTY	13t. CITY OR TOW Baltimo		YES K NO	13e. STREET ADDRESS 3038 Gre		ınt A	ve.	21218 ~
0	I4 FA	ATHER'S NAME FIRST	MIDDLE	Sonderg		15. MOTHER'S MAIDEN NAI	Not Kno			1AS	Ť
		VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) 1 IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU		Rosemary E	Evans 4012				21236
	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions if any which								MATE INTERVAL DISET AND DEATH	
	7	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL								PART 10	0
7	CERTIFICATION	190 DATE OF OPERATION	, - 1			ON WAS PERFORMED	200 AUTOPSY?				NGS USED OF DEATH?
1	CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	F INJURY M. MONTH D. M.	AY YEAR		RED (ENTER NATURE OF IN	IURY IN ITEM	18 PART I OR	PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	CITY OR	OWN	co	YTAUC	STATE
		22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did			\$7	nd that in (my) (our) opinion	death occurred on the	date and I		from the	
	3	276. SIGNATURE	. Shat	- M D		ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	/	CO /	SIGNED / 4/8
		22d. PHYSICIAN'S NAME (TYPE		IAH . K	۷ - ای	Balim	re charle		2113		osjates
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Oct 6			wood Cemetery	23d. LOCATION CITY OR TOWN Baltin	ore	COUR	Man	ryland
		UNERAL DIRECTOR Leonard J. Ruc	ek, Inc.	Baltimo:	re, M	aryland 250. DAI	TE REC'D. BY REGISTRA	R 25b. REG	SISTRAR'S	SIGNAT	Mandell

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Leonard J. Luck, Inc. salticate, faryland

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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1	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL PY ICATE OF DEATH		**			
1. D	ECEASED NAME FIRST	MIDDLE	· · ·	AST .	REG. NO	MONTH	DAY YEAR	26 HOUR	
	GORDO GORDO	OM C	DII	mm			2 04		
3. S		ON Georg	e BU		6 AGE (IN YEARS LAST BIRT		1 - 84	5:54PM	
3. 5			MONTH	DAY YEAR	O AGE IN TEAKSTAST DIK	nuar)	MONTHS DAYS	HOURS MIN.	
L.,	Male	White	May	16, 1913	7	1 YRS			
M.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	U. S. A.	MARRIE	D NEVER MARRIED	BALTIMO		CITY	MD.	
L	BALTIMORE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS)	HOPKIN		120 USUAL OCCUPATION TYPE OF WORK FOR MOSLO Sheet Met	DN F WORKING LI B. 1	12b. KIND Q INDUSTRY Rese	EBUSINESS OR Naval arch La	
130 N		TOTHER INSTITUTION, GIVE RESIDENCE BINTY LVert Tr. Fr.	OWN Oder -	13d. INSIDE CITY LIMITS? YES NO X	Beach Rd/	ZIP COP 206	78 60 - A	Dares	
M	tipe of	MIDDLE But	t	is. mother's maiden n			Burg		
	WAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)	ECURITY NO. 1-3954	Mary M. B	60-ADDRE	Dare Fre	s Beac derick	h Rd., ,Md.,	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		ondicion IRATOR	Y ARREST	20070			MATE INTERVAL ONSET AND DEATH	
	Conditions, if ony, which gave rise to immediate cause (a), stating the	ouse (o), stating the DUETO, OR AS A CONSEQUENCE OF					4 DAYS.		
	underlying couse lost PART 2 OTHER SIGNIFICANT ((c) <u>L</u> Y	MAHON	1.	MIN AL DISEASE OR CON	DITION GI	ZY	GARC	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES		
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	sow the deceased alive on	22a.1 certify that (1) (this hospital) attended the deceased from OFF 19 4 to OFF 19 57, that (1) (we) lost sow the deceased alive an obove, (1) (we) (did) (did not) view the body after death.							
	Pause 1	race of m			MEDICAL STAF		220 DATE	SIGNED -11-84	
	224 Pylysician's NAME (TYP) of	OTRA, M.D.	•	J OHNS	HOLKINS	HOS	PITAL,	RACTIMO	
23a	BURIAL, CREMATION, REMOVAL Burial	110/10/04 0	name of chelter helter emeter	emetery or crematory tham Veters	CHETCHIL				
	ichard A. Col uneral Home	eman -Upper Maryla	Marlbond 207	72, 25a. D	CT 1 5 1984	25H REGIS	Daylood	Andell.	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event

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within 24 hours after

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DEPARTMENT OF

TE OF MARYLAND HEALTH AND MENTAL BY	GIENE 2	6	1	6	4
FICATE OF DEATH	, REG. N	NO.		*	
LAST	26. DATE OF DEATH	MONTH	DAY		YEAR

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
ı		EASED NAME A FIRST	WIDDIE	L	AST		MONTH DAY	YEAR	76 HOUR
1	(ITPE)	ORPRINTI MARGA	DRET	De	LTT	/	0 15	84	4 2 M
ı	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	1	EMALE	WHITE	9	DAY YEAR	70	YRS	MIS DATS	Wild.
I		RTHPLACE STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	1. BALTIMORE CITY O	COUNTYOF	DEATH	
1	N	JARYLAND	74.5.77.	WIDOWE	/	DALTU		ITY	- MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON WORKING (IFE)	17h. KAND O	F BUSINESS OR
	BA	KTIMORE	FRANCIS SCOTT	KEY I	HOSPITAL	HOUSEWI	F.F.		HOME-
1	USUA 13a S		ROTHER INSTITUTION GIVE RESIDENCE BEFORM 1136. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	, ,	
1	m	ARYLAND -	BALTIM	ORE	YES NO	1452 1500	BNING	HCKI	21224
	14 FA	THER'S NAME	MIDDLE EAST		15. MOTHER'S MAIDEN NA	ME / MIDDIE	, 1	IAS	ī
N.		CUALTER !	ARCHIE MAG	EE	MARGARE	1 VIOL1	7 6	OVER) _4
		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	55	BAL	TIMORE
1	,,,	100 -	21420	0411	HETELEG DUTT	1452 BROEN	ing Hac	mAR	LAND21224
1		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), o	nd (c).)	10.		-	BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARO	IAC	FIRREST				
1			DUE TO, OR AS, A GONSEQU	JENCE OF	P				
1		Conditions, if ony, which gove rise to immediate	(b) H/O L	LUN	& CANCET	2			
		couse (o), stoting the	DUE TO, OR AS A CONSEOL	JENCE OF					
1		underlying cause lost.	(- (c)						
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVEN	IN PART I	3
4	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	70h. IF YES, W	VERE FINDIN	VGS LISED
	FIC.	THE DATE OF OFERATION	THE CONDITION FOR WHICH	TOTERATIO	IN WASTERI ORMED		IN CERTIFYIN		OF DEATH?
-	ERT	21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		71c. HOW INJURY OCCUR	YES NO	YES [LOR PART 2)	NO []
۱		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		(Enter vivione of moon			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 71e. PLACE OF INJURY	19	211. LOCATION				
1	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK	pital) attended the deceased from	4	10 74	10 10	15 10	74	that (1) (we) fost
		sow the decreed alive or	0 // 10/15 10	Bt or	nd that in (my) (our) opinion	death occurred on the do	te and hour or		
		27k SIGNATURE	ot) way the body ofter death.		PREE			77c. DATE	SIGNED
		Middles	1 Juduan	W	ATTENDING PHYSICIAN	MEDICAL STAF		10115	5/24
-		22d, PHYSIC AN'S NAME (1910)	OR PRINTED	-	77e. ADDRESS	DIRECTOR THISIC	IAIV [_]	11-110	70.
		ANDREW GOL	LIBERG UN	1.0.	FRANCIS SCOT	TKEY MED	ICAL CE	ENTER	2
		URIAL, CREMATION, REMOVAL	L 236 DATE / 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		-2.	
		BURIAL	10/19/84 5	CHWAI	RTZES CEMETERS	4 BALTIMO	DE CIT	CUNTY MI	9RYLAND
	24 FL	MERAL DIRECTOR			25e DAT	E REC'D. BY REGISTRAR	756. REGISTRA	R'S SIGNAT	URE
	DI	PPEL FUNERAL HO	MES 7110 BELAIR	RD. B	ALTO. MD. 219	67 1 8 1984	Julia 1	avidson	-Randa 82
1	ightharpoonup	-				I	V		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1, and 2 should be 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumotic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

requires that the death certificate be execu

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

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mpletely filled in by the training and 2 should be filed with 721

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

STATE OF MARYLAND

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200	O	Ø	0	
6:00	7			

1 - STATE REGISTRAR	DEPA		FICATE OF DEATH	REG. NO			
1. DECEASED NAME FIRST (TYPE OR PRINT) JOHN	MIDDLE		J ZA		MONTH DAY	YEAR 1984	26 HOUR
3. SEX Male	4 RACE White	S. DATE		6 AGE (IN YEARS LAST BIRTI	WON	INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTY	WIDOW		Baltimore City O		DEATH	MD
Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVESTI 1735 Bank St	E., Bal	to.,Md.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND O	ehem Stl
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland	OUNTY 13c CITY OR TO		134 INSIDE CITY LIMITS? YES NO []	1-735 Bank	it., Ba	lto. 1	Md 21231
14. FATHER'S NAME FIRST Frank	MIDDLE LAST Buza	a	15 MOTHER'S MAIDEN NA Josephi	MIDDLE	Vie	Szysw	ski
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IFYES, O	TIVE WAR OR DATEST	9-6533	Gelen Buza	1735 Bank St		to.,M	d. 21231
Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	11/01		LIVER			
PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART 1(o))
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYING YES	G CAUSES	OF DEATH?
	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	4	COUNTY	STATE
sow the deceased alive	on OCT 4th 19 not) view the body ofter death.	84.01	nd that in (my) (our) opinion	, to OCT depth occurred on the dot	19 de ond hour on	d from the c	
Savino	der K. Tu	UKA		MEDICAL STAFF		22c DATE S	SIGNED
22d. PHYSICIAN'S NAME (TYPE		1-0	22e. ADDRESS) (INDAN	200	2	91999

23c NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem.

BP.

DHMH - 16 60M 7/73 (VR A 15 (4))

Oct. 11 24 FUNERAL DIRECTOR
LiTty & Zeiler, Inc. 1901 APREStern Ave. 21231

1984

236 DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d LOCATION CITY OR TOWN Baltimore

01000

Maryland

O Pare RECD. BY BESTRAR 256 REGISTRARS SIGNAMENTED

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIFI	CATE OF D	EATH	REG. 1	VO.			
I. DECEASED NAME	FIRST		MIDDLE	LA	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	F
(TE OK PRINT)	CHAR	LES	T.	CALDW	ELL		OCTOBER	20.	1984	6:19	A
3. SEX		4. RACE		5 DATE O		YEAR	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS		HRS.
Male			Black	момтн 9		909	75	YRS	MONTHS DATS	NOUNS	194 1174.
7a. BIRTHPLACE (STATE	E OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	NEVER M	APPIED T	BALTIMORE CITY	OR COUNT	TY OF DEATH		
N. Caroli	aa	U. :	S. A.	WIDOWE		ORCED	BALTIMO	RE_C	ITY		MI
10. CITY OR TOWN OF	DEATH		HOSPITAL, NURSI		R OTHER INSTI	TUTION	120 USUAL OCCUPA			OF BUSINES:	5 OF
BALTIMO	RE	THE J	OHNS HO	PKINS	HOSPI		Laborer		Beth	Steel	
USUAL RESIDENCE (#	NURSING HOME OR		136 CITY OR TO		13d INSIDE CIT	TY LIMITS?	3e.STREET ADDRESS	/ ZIP CO	DE 2231 G	arris	on
Maryland			Baltin	nore	- Carrier	П ОИ	Apt C2 Bal	timor	re, Mary	land :	21
14 FATHER'S NAME		WIDDLE	LAST			MAIDEN NAM	E MIDDLE			18	
Singe			Caldwe			orrina			Powe		
160 WAS DECEASED I		MED FORCES? E WAR OR DATES!	166 SOCIAL SEC	URITY NO.	17. INFORMAN	٧T			n Blvd.	-	
NOX Yes	WW	II	705-09-	7158	Christ	ine War	d Baltime	re, N	daryland		
18 CAUSE OF I	EATH (Enter on H WAS CAUSE	ly one couse pe	r line for multiple q	nd ic	2	All and the second		٢		ONSET AND DE	ATH
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Conditions, if	ony, which	(lb)	wide	4 M	etaxl	atic (corein	oud	0 / 4	N	
gove rise to		3 245 70 6	D. LO. L. COMPERNI	Lucian					0		
underlying o		DUE 10, C	R AS A COMECU	MILLE	PAN	1112	ma		1	'cer	
PART 2 OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	VALDISEASE OR COL	NDITION C	IVEN IN PART 1	1	_
				DEA & DO !	NOT KELATED	TO THE TERMIN	THE DISEASE ON CO.	1011101110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
190 DATE OF OF	ERATION	19h CONE	DITION FOR WHIC	H OPERATION	N WAS PERFOR	RMED	20a AUTOPSY?		ES, WERE FIND		_
							YES TI NOT		TIFYING CAUSE: YES 🗍	S OF DEATH	?
210. ACCIDENT W	S UNDERLYING				21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM H	8 PART I OR PART 2)		
OR CONTRACTOR	MEDICAL EXAMINER	III	i.m. month (f.m.	DAY YEAR							
CIF EITHER NOTIFI			OF INJURY	17	211 LOCATIO	N			COUNTY	STA	
WHILE N	OI WHILE	(AT HOME ST	TREET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR I	OWN	COUNTY	STA	TE
	t / Letter house	all ottended t	he deceased from	7.51		19	10 101	20	19 84	tho (I) (we	e) lo
sow the th	certified writer on	101	20 19	Carl	d that in (my)	our) opinion d	eath occurred on the	date and h	our and from the	200	
226 NATUR	ve) did did no	t) view the body	y ofter death.	- 1	DEGREE				22c. DATE	ESIGNED	_
1	41 N/	4 0 1) 11/5	M	X A	TTENDING		AFF	101	holes	
224 PHYSICIAN	S NAME (TYPE C	R PRINTI	J M.L	1-16	22e ADDRESS		DIRECTOR PHYS		1 -1	1987	_
		MI	Hine	6		JOHU:	Hopkin	15 A	ospite	2/	
100	eri	И.	11110	2	FUETERY OR O		Wore N	(d.	21205		_
236 BURIAL CREMAT		23b DATE			EMETERY OR C		CITY OF TOWN	m - 7 /	COUNTY	Bondalon	Pt.
Bur		10/24			n Fores	250 DAIS	SECAN BY SHALL	Ball 1	STRAP'S SIGNA	Mary	an
24 FUNERAL DIRECTO	Sons		wynns.Fa			"OC	144	0	UINA SICINA	IONE	
Funeral Ho	me Inc.	Balti	more, Ma	ryland	21216		<u> </u>				

DHMH - 16 50M 4/83 (VRA 15, 4)

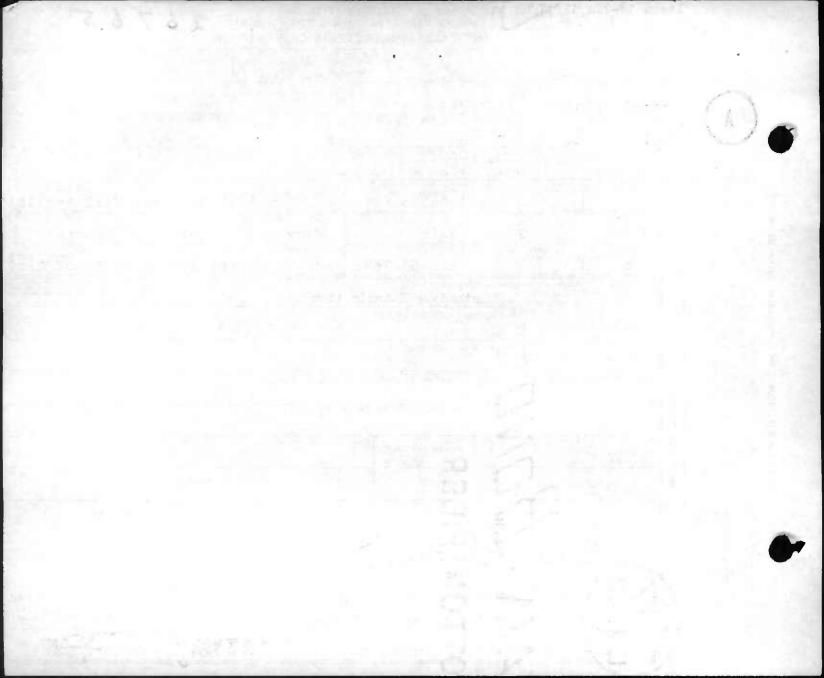
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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OF ATTEMPTION THESE AND THE TOW requires that the death certificate be executed within 24 hours

Its the certificate has been signed by the ottending physicion and completely filled in the formal transfer of a second papers. Pages 1 and 2 should be fired to be an extended to the fired the fired transfer of the fired

PORTANT. If them 22 is monked or flesh 38 Nove only injury, or other troumotic event, the medical

STATE OF MARYLAND

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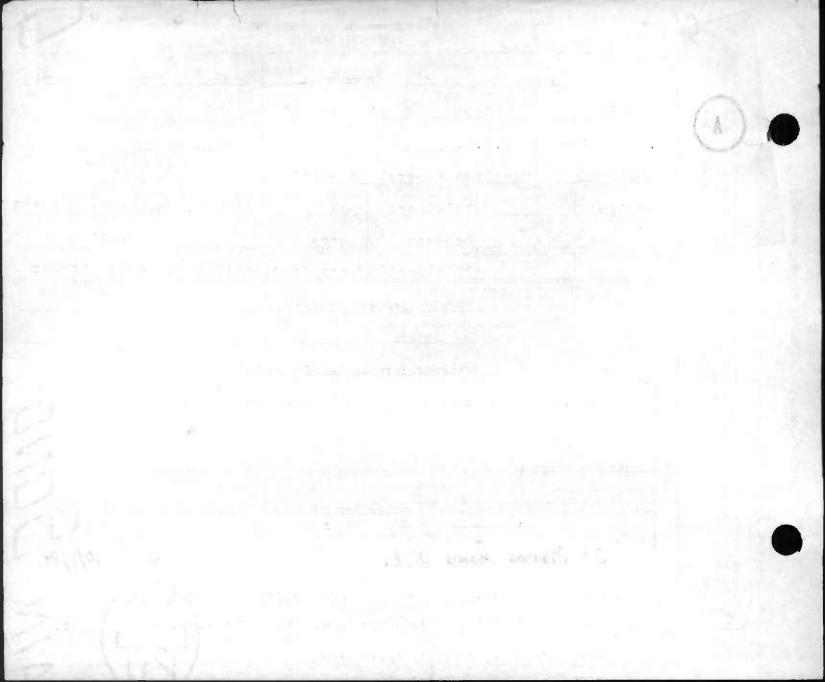
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1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF CERTI	HEALTH AND I			G. NO.	0 0		
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HO	UR
[TYPE	OR PRINT	Whale	7		C	ameron		October	1. 198	4	4:	20 PM
3. SE	Х		RACE	W	5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LA		MONTHS DAY		R 24 HRS
	male	38.4	b1:	ack	1	1. 17	03	80	YRS	I I I	3 1.0083	aniis.
	RTHPLACE ISTATE OR	FOREIGN 7	. CITIZEN OF		VTRY? 8	ED NEVER A	ADDIED []	9 BALTIMORE CIT		TY OF DEATH		
N	. Caroli	na	U.S.	Α.	WIDOW		VORCED T	Ra7+in	ore Ci	+27		MD.
10 C	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, N	URSING HOME			120 USUAL OCCU	PATION	12b. KINE	OF BUSIN	
	Baltimore				eneral	Hospi	tal .	(TYPE OF WORK FOR M	OST OF WORKING	(IFE) INDUSTE	RY	
UsU.	AL RESIDENCE (IF NUR	SING HOME OR C	THER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)		1				
	aryland	136 COUNT	Y	Ralt	imore	13d INSIDE C	NO 🗆	13e.STREET ADDRE			. 2	1217
	ATHER'S NAME						MAIDEN NA	ME				
	Rufus	M	BIDDIE	Came		Ann	FIRST	MIDD	I E	Bai1	P V	
16a V	WAS DECEASED EVER	N U.S. ARN	ED FORCES?		L SECURITY NO.	17 INFORMA		JA.	DDRESS	7		
- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	242-	16-689	3 Rosa	Camer	on 1004	W. Me	osher	Stre	eet
	18 CAUSE OF DEAT	TH (Enter only	ane cause per							APPR	OXIMATE INT	ERVAL ID DEATH
	PART I. DEATH V	WASCALISED	RY.		opulmon	aru Arre	est					
CERTIFICATION		mediate ng the e lost. NIFICANT CO	DUE TO, O (c) DIADITIONS CO Ce, Le	RASACON Arteri DNIRBUIN ft Kiá		T NOT RELATED	TO THE TERM	Sular Dise	mentia 20b. IF Y	ES, WERE FIN	DINGS USI	ED
ERTI	21a. ACCIDENT WAS UN	IDERLYING 🗀	21b. TIME C	F INJURY	_	171r HOW IN	JURY OCCUR	YES NO		YES DEPART	NO	
AL C	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTI	H DAY YEAR		7011. 00001	NED (ENTER NATURE OF	, , , , , , , , , , , , , , , , , , ,	0 1 201 1 001 1 201 1	,	
MEDICAL	214. IN JURY OCCUR		21e PLACE	M. OF INJURY	19	21f. LOCATIO	ON				-	
M.	WHILE NOT W	CHILE	(AT HOME ST	REET, FACTORY, C	OFFICE, FARM ETC)	STREET		CITY	NWOI RC	COUNTY		STATE
	220.1 certify that (the saw the decease above, (1) (we) (27b. SIGNATURE	(this haspite				DEGREE		death accurred on t	STAFF		he causes s	toted
13	224 PHYSICIAN'S N	AME (TYPE OR	PRINT)		111114	22e ADDRES					1./	
	Thomas	Gane	y M.D			c/o	Marula	nd Genera	l Hosp	ital		
230	BURIAL, CREMATION	, REMOVAL	23b DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION	'N	COUNTY		STATE
_	BURIAL		10/6/	84	Arbutu	ıs Mem		Arbut	us,		Md.	
24 F	UNERAL DIRECTOR			ADE	DRESS		25a DAT	REC'D. BY REGIST	RAR 256 REG	STRAR'S SIGN	ATURELL	-
W	m C Marc	h F/H	Inc.			th Ave	. 1001	9 1904	.1			

DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR: After chauld be detected for use or with the State Dept. of Health

retained by the haspital or attending physician.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH

STATE REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME FIRST 2h HOUR LEYPE OR PRINTS Helen Marie Carter 1984 October 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH Female Black 16. 1914 Jan. To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY WIDOWED Baltimore City Maryland 120. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) 1517 N. Ellamont Street Baltimore Domestic Pvt. Family LISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION 13. STREET ADDRESS / ZIP CODE 1517 N. Ellamont 13s. STATE 113b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Raltimore Baltimore, Maryland 21216 Maryland YES X NO [St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Louise James Blake Young 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 15175N. Ellamont Street IYES. NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 217-12-3427A Gassaway G. Carter No. Baltimore, Maryland 21216 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 78. IF YES, WERE FINDINGS USED 19st DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 70s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO YES: NO F The ACCIDENT WAS UNDERLYING [216 TIME OF INJURY THE HOW INJURY OCCURRED. LENGTH WATURE OF PHICHY IN THE 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF STREET, NOTIFY WEDG ALTERNATION P.M. 714 INJURY OCCURRED THE PLACE OF INJURY THE LOCATION COUNTY EAT HOME STREET, FACTORY, DIFFICE FARM, ETC.) AL WORK 77x1 certify that (ii, (this baspital) attended the deceased from the deceased align on and that in (my) (auf) opinion death accurred on the date and hour and from the course stated shave, (1) (wei-Bid/did not) view the body after death 77h SIGNATURE 77L DATE SIGNED ATTENDING MEDICAL 10-11-84 DIRECTOR | PHYSICIAN | 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77€ ADDRESS 3502 W. Rogers Ave. Baltimore, MD. 21215

medical

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 10/13/1984 Burial

F.S. Leacock, M.D.

24 NEWSTREAM CONTRA

23c. NAME OF CEMETERY OR CREMATORY Angel Visit Baptist Ch.

23d LOCATION

Essex Co. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Julia Davidson- Handall

2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

8, 1984	43 U4 * 1	• j~	2 state	meint
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Plake Winnot Street	.e.vier	eritol	Yo r	30150
es, Jerviend 21216		Casasway G.	217-12-37-715	• OV:

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Total

should be det with the State IMPORTANT:

BURIAL

24 FUNERAL DIRECTOR

10/7/84

Wm C March F/H Inc. 1101 E North Ave.

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

Baltimore.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

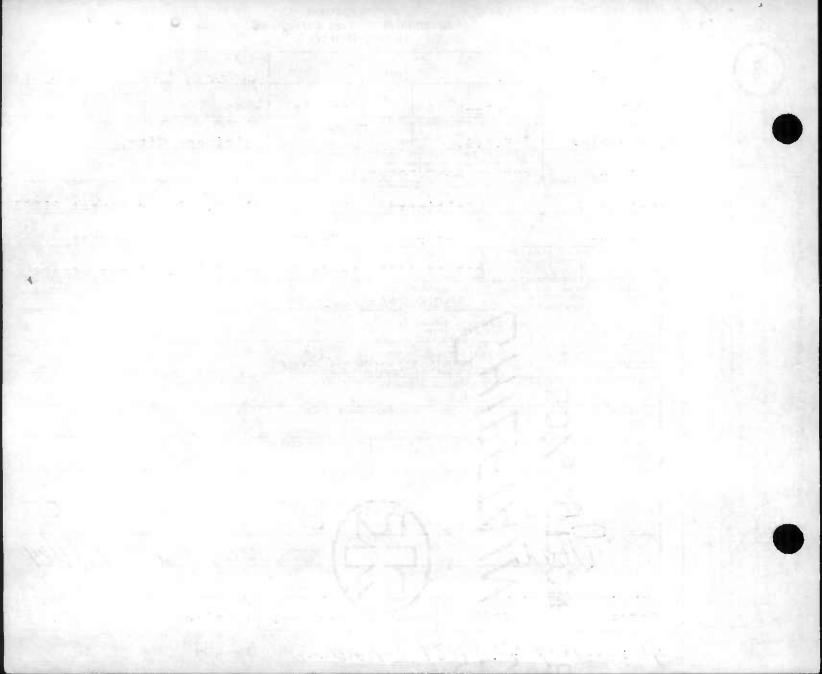
Md STATE

DEPARTMENT OF HEALTH AND MENTALLY GIENE REG. NO. LAST 20. DATE OF DEATH MONTH DECEASED NAME DAY YEAR 2b. HOUR (TYPE OR PRINT) ROY CARTER October 4, 1984 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH DAY YEAR 27 22 male black YRS. In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Baltimore City N. Carolina U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) CHURCH HOME HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13e STREET ADDRESS / ZIP CODE 113h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 819 N. Glover Street 21205 Baltimore YES [X] Maryland NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Arthur Carter Bonner Nancy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 819 N. Glover Street 217-22-45371 Gloria Carter NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF SEPSIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SEVERE METABOLIC ACIDOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET WHILE AT WORK NOT WHILE 22a I certify that (1) (this hospital) pttended the deceased from September sow the deceased alive on October 4, obove, (I) we) (did (alid not) view the body after death 10 84 and that in (my) (our) prinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGN ATTENDING 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS CHURCH HOSPITAL MD_21231 K. PEREDO, M.D. BROADWAY. BALTIMORE 23r NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE

Mount Auburn Cem.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages if and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumonic event, the

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STATE OF MARYLAND

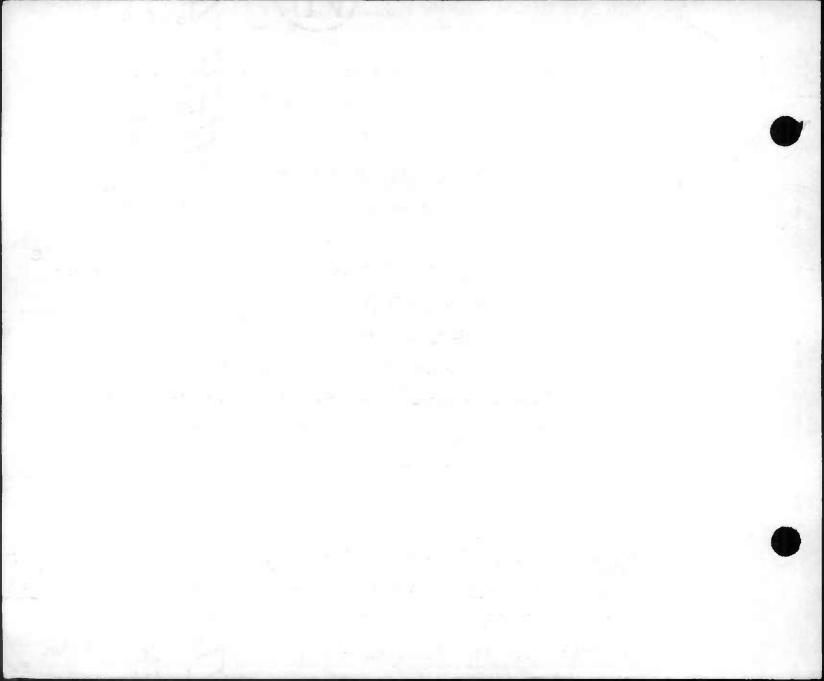
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	1 -	STATE REGISTRAR	DEFARIA	CERTIF	ICATE OF DEATH	REG.	NO.		
ī		CEASED NAME FIRST	MIDDLE		LASI	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	Walter Walter	r B.	Car	ter	October	12,	1984	M
N	. SEX	(4 RACE	5. DATE		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
)		Male	Black	3001	" 6°^Y '9°7	1 8	37 YRS	MONTHS DAYS	HOURS MIN.
	a BIF	RTHPLACE (STATE OR FOREIGN COUNTRY) Md	76. CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWI	DIEVER MARRIED DIVORCED	Baltimore city			MD.
9	-	ty or town of DEATH altimore	11. NAME OF HÖSPITAL, NURSIN (15 NOT IN SUCHFACILITY, GIVE STREET 633 N. Aisqu	ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
	USU A 130. S M	TATE 136 COUT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW Baltimo	'N	130. INSIDE CITY LIMITS?	130 STREET ADDRES	S/ZIP COD Aisqu	Apt uith S	. 3C 21202
		THER'S NAME FIRST Frank	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME MIDDLE E		ţA	51
7		VAS DECEASED EVER IN U.S. AR	A. Carte RMED FORCES? 166 SOCIAL SECU		17 INFORMANT		DRESS	aı	ot 3 C
1	(7	(IF YES, GI	217-34-	7376	Estelle Car	rter 633	N. Ai		
	NOI	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT.	DUE TO, OR AS A CONSEQUE	ENCE OF	D ES ME		S DINDITION GI	2	ONSET AND DEATH ONSET AND DEATH
2	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	206 AUTOPSY?	INCERT	ES, WERE FINDI IFYING CAUSES YES []	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IT	JURY IN ITEM 18	PART (OR PART 7)	
1	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
١		saw the deceased alive or	ital) attended the deceased fram	, o	nd that in (my) (aur) opinian	, ta deoth accurred on the	date and ho		that (It (we) last
		22b. SIGNATURE	at) view the bady after death.	la	DEGREE ATTENDING PHYSICIAN	AMEDICAL S DIRECTOR □ PHY	TAFF SICIAN []	22¢ DATE	128
		HOW PHYSICIAN'S NAME (TYPE	RD B. 6	434	1220 ADDRESS	REIST	ERST	10 W M	ED 515
	(SURIAL, CREMATION, REMOVAL	23b. DATE 10/17/84 Ba	altir	more Nat Cel	Daici		COUNTY	Ma
		INERAL DIRECTOR M. C. March	F/H 1101 E.	Nort		T T 5 1984	AR 250 REGIS	STBAR'S SIGNA	andelle

1101 E. North Aye.

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHY GIENE

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1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST		MIDDLE		LAST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Thoma	S		Car	rigan	1	0 1	4 1984	M
3. SE		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Cau		7	25 1922	62	HOURS MIN.		
7g, E	SIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY	YRS.	Y OF DEATH	
6	Penna	II.S	Δ -	WIDOWE	D NEVER MARRIED DIVORCED	Baltimor	MD.		
10.0	ITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OR
	Baltimore	(IF NOT IN SUC	THE FACILITY, GIVE STREET	7 4	v.e.	Salesman		Fe od	
OSC	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	7.4.6.			11000	
136.	STATE 136 COL	YTM	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	138 STREET ADDRESS	72400	d Arro	21224
14.5	Md . ATHER'S NAME		Batimor	е	YES NO 15. MOTHER'S MAIDEN NA	33 N. El	. IWOO	u Ave.	CICC4
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	
_	Thomas		Voekes		Catherine	ADDR		Grac	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU		17 INFORMANT		:55		ve.
	Yes WW	II	217-12-	8487	Kathleen E	Bryant 310	3 E.	Fairm	
	18 CAUSE OF DEATH (Enter of	only one couse per	light for (a), (b), opi	dic 4	0+.	0 /		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (D)	MICTAST	0/10	() LS 1010 C	MICH		31	nonths
			R AS A CONSEQUE	NCE OF					
100	Conditions, if ony, which	(th)	AS A CONSCOOL						
	gove rise to immediate couse (a), stating the	10,							
	underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF				1 333	
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO F	SEATH BUT	NOT PELATED TO THE TERM	UNIAL DISEASE OR CON	DITION GE	VEN IN PART 10	
NO	THE STATE OF THE S	20110110110	0.14111.00711.40 10 1	201	THE TENTED TO THE TENT	man biograph on con-			
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
문						YES NO		IFYING CAUSES ES 🗍	OF DEATH?
E	210. ACCIDENT WAS UNDERLYING	21b, TIME C	OF INJURY		21c. HOW INJURY OCCUR				110
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA			100000000000000000000000000000000000000			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	21f. LOCATION				
Ä	WHILE IN NOT WHILE IN	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK					1.0	111		
	22s I certify that (I) (this has	100	13	64/ 5	, 19_0	, to	117		that (1) (we) last
	sow the deceased alive a above, (1) (we) (did) (did)		ofter death	7.0	nd that in (my) (our) opinion	deoth occurred on the d	ate and ha	ur and from the	couses stated
	22b. SIGNATURE		-//	1	DEGREE			22c. DATE	SIGNED /
	(//A	1 /2	- /		VI ATTENDING PHYSICIAN	DIRECTOR PHYSI		10/	15/89
1	274 PHYSICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS			1	- 11
	D.W MAC.	ANOCL	FEN M	D.	195,1416	HLAND	AVE	- 2 k	2024
230	BURIAL CREMATION, REMOVA	L 23b DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION			
	(SPECHY) Cremation		. /01		nount Cem.	Baltimo	re	COUNTY	Md.
24	FUNERAL DIRECTOR	1 10/1	J/ 04 GI	eerm		E REC'D. BY REGISTRAN	25 MREGIS	TRAR'S SIGNAL	
TIS	NAME	~ ~	ADDRESS			T 1 5 1084		Davidson	Randell
Di	Dabrowski 8	son 2	818 E.	Balt	imore St.	1 0 1304	0		

Baltimore St.

DHMH - 16 50M 4/82 (VRA 15, 4)

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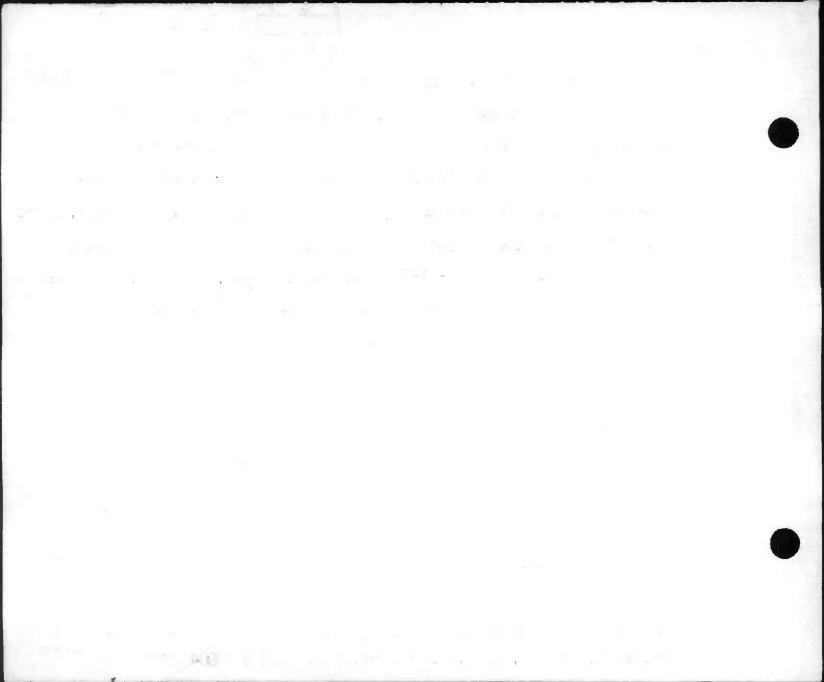
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ALHYGIENE

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3 4	2//	1	CITY OR TO	WN OF DE	ATH			URSING HOME C	OR OTHER INSTITUTI	ION	17a USUAL OCC			26. KIND OI NDUSTRY	F BUSINESS OR
by fill	49	1	BALTI			UNIC	ON MEM	ORIAL HO	SPITAL		Secretary Ban				nking
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S - S	8	11	WAS DECE	ASED EVER	IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT			ADDRESS			
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te he	e dZ	-	E	IDENT WAS UN	DEBUVING T	1 216. TIME C	A INTITION		21c. HOW INJURY	OCCURR	YES NO		YES [0004013)	NO []
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5 4	3 3	7	3a. BURIAL, C					23r. NAME OF C	EMETERY OR CREM		23d. LOCATIO	N			
			(SPECIFY)			10/18	2/2/	Dulan	ev Valley	Mar	Timo		_	ilto.	Md.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

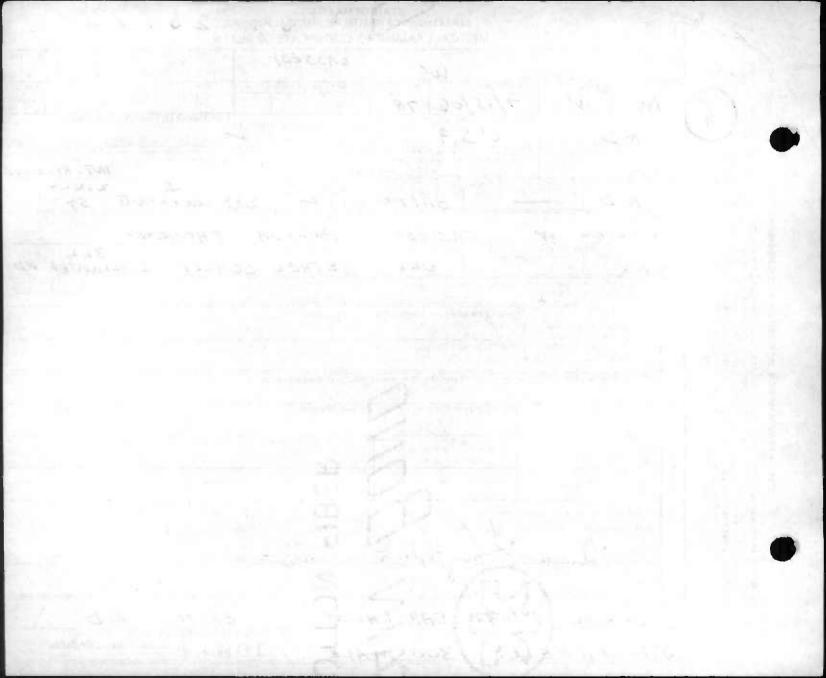
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGIENE CERTIFICATE OF DEATH

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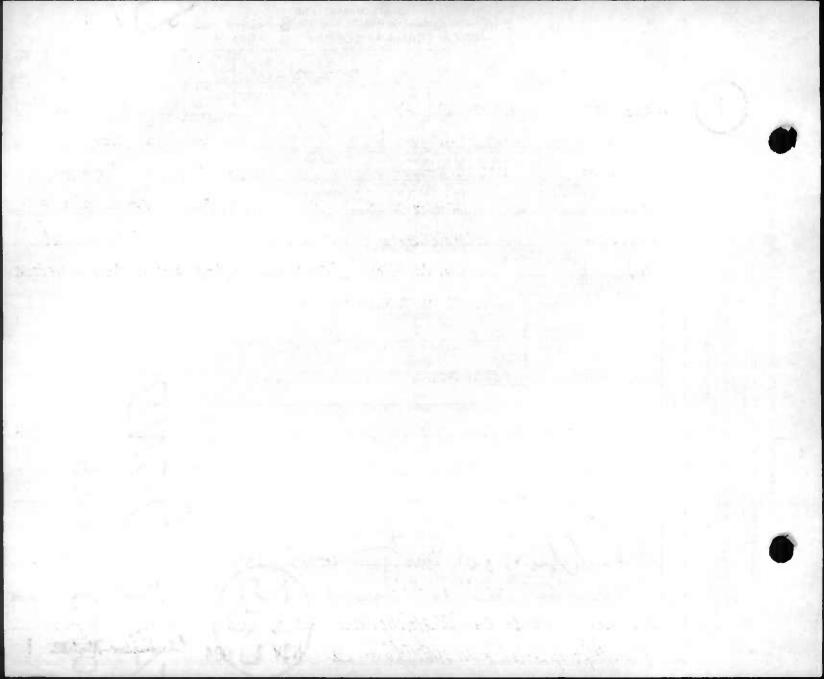
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		EASED NAME FIRST	MIDDLE		AS1	20. DATE OF DEATH	AONTH DAY YEAR	76 HOUR
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1	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
1		Male	White	July	21, 1925	59	YRS	
12	7a. 811	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	D X NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
		Carolina	U.S.A.	WIDOW	D DIVORCED	BALTIMO		MD
2		Y OR TOWN OF DEATH	THE JOHNS			120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Medical Do	WORKING LIFE) INDUSTRY	OF BUSINESS OR Y
35	13a S	RESIDENCE (# NURS 10 COL TATE ryland Howa	INTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN COTT Cit	13d INSIDE CITY LIMITS? Y YES \(\text{NO} \(\text{NO} \)	130 STREET ADDRESS / 10328 Burns	ziP CODE ide Dr, 21(043
30	1	THER'S NAME ate Inches There	W Cashatt	AST	15. MOTHER'S MAIDEN NA FIRST Sadi	e Fristoe		AST
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-	-	es WW		14 4796	Mrs Nancy Ca	shett 10328	Burnside Dr	21043
T,		18 CAUSE OF DEATH (Enter	only one couse per line for (o)	, (b), ond (c).)				DXIMATE INTERVAL N ONSET AND DEATH
e ve			ATE CAUSE (o)	STROKE	2		4	18 hrs
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ν, ο		PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	110
المام	ON	INPERTE	NSION					
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN		TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	INITEM IS PART (OR PART 2)	
rked or II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
21 is mo		220 I certify that (I) (this has sow the deceased alive a pove (II) we) (did) (did		19 84	nd that in my (our) apinion	, to	te and hour and from th	he couses stoted
T: If hem		276. SIGNATURE	lasho		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	F 1	12 1980
Z T		274 PHYSICIAN'S NAME (TYP			27e. ADDRESS 600		ST. BALTO	. MD.
IMPORT		Doug	LAS GALASK	0	go Johns 1-	topkins Hospital	21	205
3		URIAL, CREMATION, REMOVA	AL 236. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		
	(Burial	Oct 15, 198	34 Spring	tonw Cemetery	Springt	own Pennsy	lvania
/93	24 FL	INERAL DIRECTOR				TE REC'D. BY REGISTRAR ?	BEGISTRAR'S SIGNA	ATURE
/83	77-	erry H Witzle		DDRESS	ott city no	T 7 5 100/	ulia Davidson-1	Mande B2
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	2	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENSAL HYGIENE 2 6 / 7 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
	- W	1. DE	CEASED NAME FIRST		MIDDLE	CASSEDY	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH D		h HOUR
ARY, PLEAS	ATH. IF ANY DELAY IS A CERSARY PLEST SET, 2, AND 3TO THE INPERALIDIPETOR PM. 3. RETAIN PAGE 5 FORWARD ND 2 SHOULD BE FILED. WIAL RECORDS, 201 PPRESION SPIERT		Char M RACE	S DATE OF BIRTH	106 78 YRS.	Cassidy IF UNDER 1 YR IF UNDER MONTHS DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH 1	7 1984	2d HOUR 3:20 P • M
IS NECESSA			RTHPLACE (STATE OR REIGN COUNTRY) TY OR TOWN OF DEATH		50		Baltimore CF Baltimore Baltimore For MOST OF WORKING LIFE	ce City,	KIND OF BUSII OR INDUSTRY	
21201 ANY DELAY AND 3 TO TH			Baltimore L RESIDENCE (IF IN NURSING HOME TATE 136 COUI	233 S.	Conkling Str	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1/1	VT, REV.	
RE, MD, 21 EATH, IF A	MARE, THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF A ITELATE, WANGEF, THIS GROWN THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RIBE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RIBEORY, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A PROBLEM OF WITHINGHENE, DIVISION OF WITH RESTATE DEPARTMENT OF HEALTH AND MARINTAL HYGIENE, DIVISION OF WITHING STAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		THER'S NAME FIRST VILLIAM V	MIDDLE	CASSEDY	15. MOTHER'S MAID AMANO	EN NAME MIDDLE		57 LAST	
BALTIMORE S AFTER DEA		(4)	VAS DECEASED EVER IN U.S. AI 15, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY N	ETHEL	SCHLEE	STYLL	BLL	RD
· 0x		NO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MAS CAUSED BY: Arteriosclerotic Cardiovascular Disease Conditions, if any, which gove rise to immediate couse (a) storting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).							
VITAL RESHOULD	CHIEF MED A LE USED A LE U	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH OPERATI					ио ХХ
DIVISION OF VITAL HIS CERTIFICATE SHOU WAITING THE WORD."	TO MEDICAL EXAMINER: THIS CRITIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAS A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD B AFTER DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRIOR TO	MEDICAL CER								
EDICAL EXAMINER: T			22a I certify that I took charge of the remains described above, held an Autapsy , Inspection XX Inquiry , and in my apinion death resulted from: Natural causes XX Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE							
		23a.B	(TYPE OR PRINT) Deni URIAL, CREMATION, REMOVAL PECIFY)		23c. NAME OF CEMET	ADDRESS	23d LOCATION CITY OF TOWN	county	STATE	E
	HMH - 17 A15 ME (5))	24 F	JNERAL DIRECTOR NAME GOVNI	ADDRES:			REC'D. BY REGISTRAR 256 F		20 .	



STATE OF MARYLAND



pope 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAR HYGIENE

175 6 2

1	FOR STATE REGISTRAR		PEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH) /	1 3	
	CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
GITE	Anna	R	Caughy		10	211984	10 40 BM
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	, -	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White	MONTH DAY YEAR		NDC	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	- 9 BALTIMORE CITY (YRS.	Y OF DEATH	
2	Md.	TT Q A	MARRIED NEVER MARRIED WIDOWED X DIVORCED		0:	A	115
10 C	ITY OR TOWN OF DEATH	11. HAME OF HOSPITAL	MURSING HOME OR OTHER INSTITUTION	N 12a USUAL OCCUPAT	ION	YZb. KIND O	MD. OF BUSINESS OR
/	Balto.		Caton Ave.21229	Housewi 1		FE) INDUSTRY	
The	STATE 136 900	TWO TO 13c. CITY	OR TOWN 13d. INSIDE CITY LIMI	TS? 13e. STREET ADDRESS	Ell	icott	City.Md
14.5	Md. Bal	to.	YES NO	- LT CE	nway	Dr.	21043
1	ATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDE	N NAME MIDDLE		LAS	T
	Charles		rkey Anna			Thor	npson
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT 5	E Firefly C	ir	Cockey	rsville.
		212	-30-8784 Constar	ce M. Crimy	_Md.	#21030)
1	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for to	1, (b) and c.			BETWEEN	MATE INTERVAL DNSET AND DEATH
11-4		TE CAUSE (a)	AKNIAC FA	ILURE			
		DUE TO, OR AS A CO	NSFQUENCE OF CVD			10	1100
	Canditions, if ony, which	(b)	HASCVD		100	10	YRS
-	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
	underlying couse last.	(c)					
NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIV	EN IN PART TO	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED
TIF			`	YES NOW	IN CERTIF	YING CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION				
3	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	Y, OFFICE, FARM, ETC) STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that # (this haspi	ital) ottended the decease	d from FEB 25 19	82 10 OCT.	20	19 84	that 🕒 (we) last
	saw the deceased alive on	OCT . 20	19.84 , and that in (my) (our) ap	inion death occurred on the d	ate and hou		
	obove, (J) (we) (did) (did no	n view the body after deal	DEGREE			22c. DATE	
	Holas F.	4 total	M. ATTENDI	NG MEDICAL STA	FF	10-	211
	MYA THYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	AN DIRECTOR PHYSIC	IAN []	1/0	01
	VIDAN E. H	APTMAN	MA SIPATION	5 MCH. 1000	SC	ATALL A	21220
23a I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATE		9.0	110N M	L'UZY
104	(SPECIFY)			CITY OR TOWN		COUNTY	State
24 FI	Burial UNERAL DIRECTOR	UCT. 24, 19	84 New Cathedral	Cem. Balt		and Andrews Order	N.Sec
G.	Truman Schwa		Lto.Nat'l.Pike	CATE REC 38 1984 RAR	THE WAY	Oferom Lough	UNE *
		#21	229	O			i ·

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phynicial and should be detached for use as the buriol-transit permit. Then please remove corbon papers, and the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal

retained by the hospital or ottending physician.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

at 10 which the last the same of the standard of the The last the second second second - Order of the control of the contro requires that the death certificate be executed within 24 hours after death. Page 4 may be

poge 3

C

campletely filled

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

OR ATTENDING PHYSICIAN The law

retained by the hospital ar attending physician.

	FOR		
-	STATE		
	REGISTRAR		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIENE CERTIFICATE OF DEATH

0	3	1	7	6
2	0	-		9

REGISTRAR			CERTIFICATI	L OI DERIII	REG. I	NO.				
I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR		
(TYPE OR PRINT)	NCENT	LEO	CERI	INO	OCTOBER	14.	1984	05:38A		
3. SEX	4 RACE		5. DATE OF BIRTI		6. AGE (IN YEARS LAST E		IF UNDER TYEAR	IF UNDER 24 HRS.		
male	cauca	asian	10-11	-84		YRS	MONTHS DAYS	HOURS MIN.		
BIRTHPLACE ISTATE ORFO		WHAT COUNTRY?				BALTIMORE CITY OR COUNTY OF DEATH				
Md.	US	SA	WIDOWED T	DIVORCED [
M. CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING		ER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR		
BALTIMORE		OHNS HOP		OSPITAL	TITPE OF WORK FOR MOST	OF WORKING	INC) NADOSIKI	-		
USUAL RESIDENCE (IF NURSI	NG I WE OR OTHER INSTITUTION	13c. CITY OR TOWN		ISIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COI	ne .			
Md.	Balto.	Balto			3103 Hil			d 212:		
JA FATHER'S NAME	WIDDLE	LAST	15. MC	OTHER'S MAIDEN NA	ME		LAS			
Leo Willi	am	47131	M	argaret	M. Van Da					
168. WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO. 17. IN	FORMANT	ADD	RESS	2			
(1E3, NO ON UNKNOWN)	(# 163, OHE WAR OR DAIES)	-	L	eo Willi	am 3103 H	Hillc				
18 CAUSE OF DEATH	l (Enter only one couse pe	er line far (a), (b), and	l res)				APPROX BETWEEN	MÁTÉ INTERVAL ONSET AND DEATH		
PART L DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	Card	iorespil	ratory a	rrest		5	nin.		
	DUE TO C	DR AS A CONSEQUE	NCE OF	. (1 .		- 1	1 1		
Conditions, if any,		-	table	pulmoner	hypert	ensilo.	L 24	hours		
gave rise to imm		OR AS A CONSEQUE	NCE OF	1				,		
underlying couse		Persist	· Common	etal C	Arculation		5	7 hours		
	IFICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT NOT R	ELATED TO THE TERA	AINAL DISEASE OR CO	NDITION G	IVEN IN PART III	0		
NO NO										
19a DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH (OPERATION WAS	PERFORMED	20a AUTOPSY?		ES, WERE FINDIN			
HE L		-			YES X NO		res 🗌	NO [
	110110	OF INJURY I.M. MONTH DA		IOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR PART 2)			
OR CONTRIBUTING C	AUSE OF DEATH	P.M.	19							
OR CONTRIBUTING C		OF INJURY		OCATION STREET	CITY OR	OWN	COUNTY	STATE		
₩HILE NOT WHI	LE .	THE THE TON TO OTT REE, TH	mar Ere j							
		1 1 14	10/12	- 04			OU			
22a I certify that (1)	1 [1 1			. 19_8_	10 10/	14	. 19	that (I) (we) last		
saw the decease	relive on 10/14	19_5	21.4	in (my) (aur) apinian	death occurred on the	date and ha				
saw the decease	1 [1 1	19_5	21.4	E				couses stated		
saw the decease above (1) (we) (d	relive on 10/14	19_5	34_, and that			AFF/	our and from the			
saw the decease above (1) (we) (d	d (did not) view the bad	19_5	DEGRE	E ATTENDING	MEDICALST	AFF/	our and from the	couses stated		
saw the decease above (1) (we) (d 22b. SIGNATURE	of clive an O O O O O O O O O O O O O O O O O O	19_5	DEGRE	E ATTENDING PHYSICIAN {	MEDICALST	AFF/	our and from the	couses stated		
saw the decease obove (11) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA 23a. BURIAL, CREMATION, 8	ME (TYPE OR PRINT)	y after death.	DEGRE	E ATTENDING PHYSICIAN {	MEDICAL ST DIRECTOR PHYS	AFF/	22c DATE 10	SIGNED 14/84		
saw the decease obove (II) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	y after death.	DEGRE 220 A AME OF CEMETE	ATTENDING PHYSICIAN [ADDRESS 20 McE	MEDICAL ST DIRECTOR PHYS	AFF ICIAN D	our and from the	couses stated		
saw the decease obove (II) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA (SPECIFY)	ME (1YPE OR PRINT) NEMOVAL 23b. DATE 10-1!	y after death. 19 S	DEGRE 220 A S AME OF CEMETE OLY Red	ATTENDING PHYSICIAN [ADDRESS 20 McE) RY OR CREMATORY Leemer Ce	MEDICAL ST DIRECTOR PHYS	AFF ICIAN P	22c DATE 10/ 22c DATE 10/ 22c DATE 10/	SIGNED 14/84 SIATE URE		

DHMH - 16 50M 4/83 (VRA 15, 4)

06.7 The state of the s

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAERYG ICATE OF DEATH		G. NO.	, ,	
	DECEASED NAME FIRST	MIDI	DLE	4.	12A	20 DATE OF DEAT		DAY YEAR	26. HOUR P
1	Kathlen (KAI	HLEEN)		CHAN	IDLER	OCTOBE	R 24,	1984	10:34
3.	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST GIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female	Black		3	10° 1°0	74	YRS.	MONTHS DATS	HOURS MINL
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE		WIDOWE		BALTIM			MD.
100	BALTIMORE	THE JO	HNS HO	ADDRESS) PKINS	HOSPITAL	12a. USUAL OCCU (TYPE OF WORK FOR M			OF BUSINESS OR
U	36 STATE 131 COU		E RESIDENCE BEFORE CONTY OF TOW Balto.		13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDR	ss Bred	le St.	21202
14	Soloman	WIDDLE	Weston		Junie	ME	^{ле} Ке	nnedy	37
16	MAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECU	RITY NO.	17 INFORMANT		DDRESS		
	(YES, DO OR UNKNOWN) (IF YES, G	VE WAR OR DATES	N/A		Ellease Sa	voy 15	35 E.	Ensor	St.
F	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per lin	e for (a), (b), on	dicii				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
F		ED BY	ardiopul	mena	n Amest			lon	air
П	DVIVLE OF		S A CONSEQUE	NCE OF	0				
L	Conditions, if ony, which	(ib)	Vetastati	ic hour	ac Cell Carem	oma of H	he hun	7 1	YE
	gove rise to immediate couse 101, stating the underlying couse lost)	S A CONSEQUE			0			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C	CONDITION G	IVEN IN PART II	0
	190 DATE OF OPERATION . 210. ACCIDENT WAS UNDERLYING [19b CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	1N CERT	ES, WERE FINDIP IFYING CAUSES IES	
1	210. ACCIDENT WAS UNDERLYING		NJURY MONTH D	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	FINIURY IN ITEM TO	PART I OR PART 2)	
		AIN	MONTH DI	19	-				
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF			211. LOCATION	CITY	OR TOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(ALHOME SIKEET	FACTORY, OFFICE, F	ARM, ETC.)	SIRCE				
	22a. certify that (1) (this hase	uital) ottended the c	deceosed from_	File	13 , 19 84	, to	7	19 84	that (Î) (we) lost
L	sow the deceased alive a above, (4) (we) (did) (did)	n OCT	ter death	84 , or	d that in (my) (our) opinion	death occurred on t	he date and ho	our and from the	couses stated
1	276 SIGNATURE	View inc body on			DEGREE			224 DATE	SIGNED
ŀ	tature	ATIME	MI	D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF TYSICIAN 🖫	10	24/84
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS 600 1	N. WOLFE	ST.	BALTO.	MD.
L	PATRYCE A.	TOYE			JOHNS HOP	KINS Ito	SPITAL	2120	
2	Burial, CREMATION, REMOVA	236 DATE 10/29			Mem. Pk.		Tmore	County M	Id. STATE
2	4 FUNERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGIST	RAR 258 PEGIS	MARY SIGNAT	Pandell
	Wm C March F	/H, Inc.	1101	. E.	North Avoc	T 2 9 1984	+		

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item

SE SP SFQ 0

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the busid-stansis permit. Then please remove carbonpapers. Pages I and 2 should be filled wire with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other traumotic event, the medical

IMPORTANT: If them 21 is marked or them 18 shaws ony

deoth. Poge 4 may be

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
STATE	
DECISTRAR	CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	HENE REG. N		, ,	
	CEASED NAME FIR	**	AIDDLE		AST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1796	E OR PRINT!	INIOUS		CH	HEATHAM	10	29	84	1225 AM
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
10	Female	Bla	ck	MONTH	°30 °96	88	YRS.	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE STATE OR FOREIG	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
3	Virginia	US.	A	WIDOWE	3.7	Baltice	use	City	MD
10. C	at house N		HOSPITAL, NURSIN H FACILITY, GIVE STREET A POVIGEN		or other institution spital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C			F BUSINESS OR
	AL RESIDENCE (IF NURSING HI STATE Md. 136	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Balto	N	13d. INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS	ZIP CODE App	eton	21217
14 FA	John	MIDDLE	Cheatha	am	Jennie	ME		LAS	ī
	WAS DECEASED EVER IN U YES NO OF UNKNOWN) YES	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-1		7 Levi Ch	eatham 16		Apple	eton
	Conditions, if ony, whi gove rise to immedia couse (a), stating t	DUE TO, OI	R AS A CONSEQUE	NCE OF	Lentricular structive pur			BETWEEN	MATE INJERVAL OMSET AND DEATH
NOI	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	o.
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
	210, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN TIEM TO I	PART I OR PART 2]	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	20.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (-	1.00	9 19 8		-23- , 1954 and that in (my) (our) opinion (to 10 -c	ote and hou		that (f) (we) last causes stated
	P76 SIGNATURE	m			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAND	22c. DATE	SIGNED
12	27d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS				
	15001	Lopez	Will		310070	WANDA ,	OVE		
23a. I	BURIAL, CREMATION, REM	OVAL 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH - 16 50M 4/83

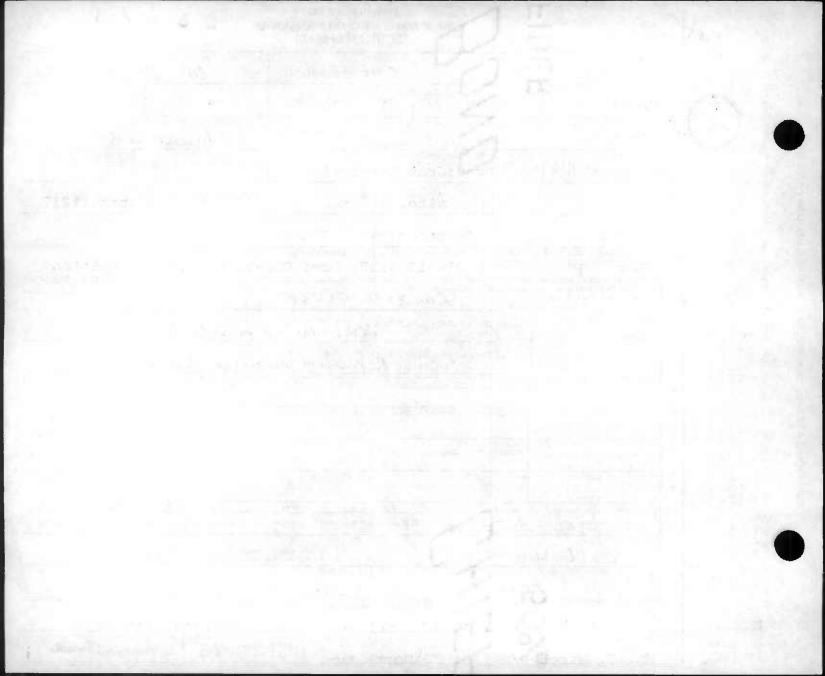
Burial
24 FUNERAL DIRECTOR (VRA 15, 4) March F/H 1101 E. North Ave

Garrison Forest va Owings Mill Md

ADDRESS

F. North Avo.

OCT 3 0 1984 Julia Davidson-Rondon



filled in by the funeral director, page 3 auld be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	1 -	FOR STATE REGISTRAR			OF HEALTH A	ND MENTAL HYGI OF DEATH	HENE Z	6 /	1 1	
	1 DEC	CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		AY YEAR	2b HOUR
		CORPRINT) BOANIE	4		HERRI	CKS	THE DATE OF GEATT	10 21	84	840 R
	3. SE)	F	4. RACE		ATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAST BE		FUNDER TYEAR	HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	M	ARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CITY		OF DEATH	4 40
		ITY OR TOWN OF DEATH	11. NAME OF HOSP		OME OR OTHER	4.50	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST) Comptrol	F WORKING LIFE	INDUSTRY	PBUSINESS OR Estate
9	USU/ 130. S	AL RESIDENCE (IF NURS	OTHER INSTITUTION, GIVE F		SION	IDE CITY LIMITS?	13. STREET ADDRESS 211 Snow S	ZIP CODE	/ 2186	
0	14 FA	ATHER'S NAME Preston	L. Adl	kins	15 MO1	HER'S MAIDEN NAM	AE MIDDLE Lee	-	Park	er
1		WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY	NO. 17. INFO	DRMANT	ADDR	SS		
)	- (YES, NO OR UNKNOWN) (# YES, GIV	e war or dates) 2:	13 44 242	8 De	ena L. Che	rricks, Sn	ow Hil		rland
	TION	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((b) DUE TO, OR AS (c) CONDITIONS CONTR		OF TSRA/ OF BUT NOT REI		IN AL DISEASE OR CON			
-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPE	RATION WAS F	PERFORMED	YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DAY	YEAR 19	W INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARM, E		CATION	CITY OR TO	NWO	COUNTY	STATE
		220.1 certify that (1) (this hospi saw the deceased flive an above, (1) (wg) (did) (did no	10/21	19 2 4	, and that in	(my) (our) opinion o	death occurred on the d	ote and hour	and from the	
		22b. SIGNATURE			DEGREE		MEDICAL STA		1 - /2	SIGNED
Y		22d PHYSICIAN SHAME (TYPE O	RNES		The AL		reen St.	, Bx	Activi	CM, m
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 10/25/			or crematory esbyterian	236 LOCATION CITY OF TOWN Snow H	111.	Marylar	state
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STATE OF MARYLAND FOR - STATE

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DEPARTMENT OF HEALTH AND MENTALLYGHNE

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3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UP	HS DAYS	IF UNDER 24 HRS
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16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI	SS		
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	BURIAL, CREMATION, REMOVAL		The second second	EMETERY OR CREMATORY	23d. LOCATION	cc	DUNTY	STATE
-	Burial	11/6/84	Mt. A	uburn Cem.	Baltim		3.7.1	MD

DHMH - 16 50M 4/82 (VRA 15, 4)

etoined by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fureriest should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If Hem 21 is morked or Hem 18 shows ony

24. FUNERAL DIRECTOR

must be notified of opco

1101 E. North Aye. Wm. C. March F/H

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE FOR

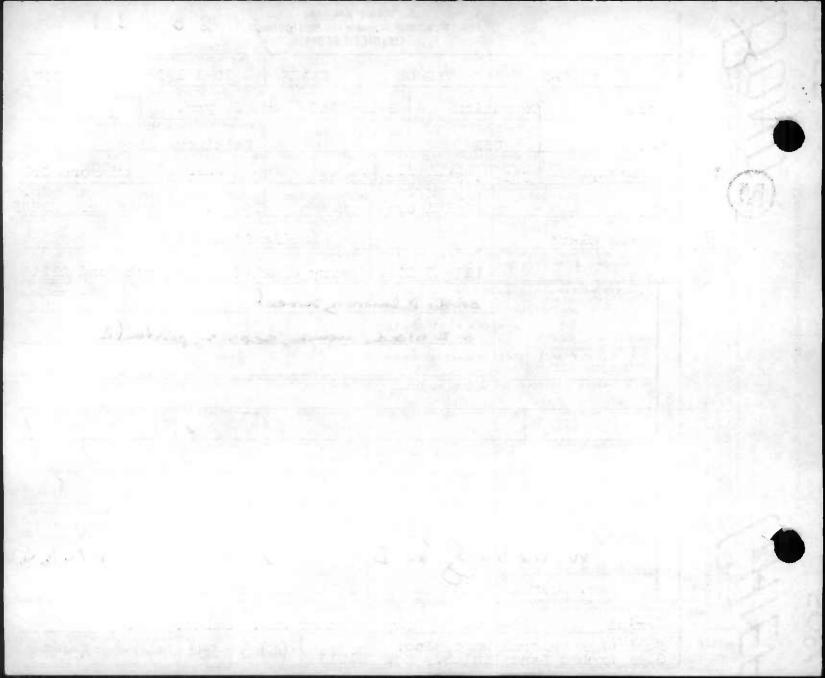
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24. FUNERAL DIRECTOR	PART 2. OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOT BY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTIO	21b. TIME OF INJURY HOUR A.M. MONTH INTERNITY P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE spitol) oftended the deceased from not view the body ofter death. E OR PRINT) LVIN Welinsky	DODEATH BUT NOT REI H OPERATION WAS F DAY YEAR 19 FARM, ETC.) TO DEGREE 22e AC 34	DOW INJURY OCCUR DOCATION STREET . 19 In (my) (our) opinion ATTENDING PHYSICIAN DDRESS 411 Bank	290 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO death occurred on the de MEDICAL STAI DIRECTOR PHYSIC Street	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES TY IN ITEM 18 PART I OR PART : THE OTHER OF THE OTHER OF THE OTHER	DINGS USED SES OF DEATH? NO STATE That (I) (we) lost the couses stated SESTITE THE SECULATION OF T
	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this has sow the deceased plive obove, (I) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP Dr. Me 23a BURIAL, CREMATION, REMOVA	21b. TIME OF INJURY HOUR A.M. MONTH INTERNITY (AT HOME. STREET, FACTORY, OFFICE spitol) oftended the deceased from not) view the body ofter death. Let a PRINT VIEW Welinsky AL 23b. DATE 23c.	DEATH BUT NOT REI H OPERATION WAS F DAY YEAR 19 FARM.EIC) PARM.EIC DEGREE 22e AU 34	DOW INJURY OCCUR DOCATION STREET 19 In (my) (our) opinion ATTENDING PHYSICIAN (DORESS 111 Bank Y OR CREMATORY	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO deoth occurred on the de MEDICAL STAT DIRECTOR PHYSIC Street 23d LOCATION CITY OR TOWN	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES TY IN ITEM 18 PART I OR PART: WN COUNTY The and hour and from the standard	DINGS USED SES OF DEATH? NO STATE That (I) (we) lost the couses stated SESTITE THE SECULATION OF T
3331 Brehms Lane, Balto., Md. 21213 UCT 5 1984 Julia Davidson Mandalle	PART 2. OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOT BY MEDICAL EXAMINATION 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYP) Dr. Me 23a. BURIAL, CREMATION, REMOVA [SPECEN] BURIAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE spitol) ottended the deceosed from not) view the body ofter death. 19- 10-10-10-10-10-10-10-10-10-10-10-10-10-1	DEATH BUT NOT RED H OPERATION WAS I DAY YEAR 19 FARM. ETC.) 21L LO DEGREE 22e AU 34 NAME OF CEMETER HOLY Rede	DOW INJURY OCCUR DOCATION STREET 19 In (my) (our) opinion ATTENDING PHYSICIAN CORRESS 111 Bank Y OR CREMATORY DEMONSTREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUI CITY OR TO depth occurred on the de MEDICAL STAM DIRECTOR PHYSIC Street 23d LOCATION CITY OR TOWN Balto. EREC'D. BY REGISTRAR	206 IF YES, WERE FIN IN CERTIFYING CAUS YES TY IN ITEM 18 PART I OR PART: WN COUNTY The ond hour and from the county The county T	DINGS USED SES OF DEATH? NO STATE , that (1) (we) lost the couses stated TE SIGNED STATE STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 5 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours ofter death.

etoined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

tor, page 3 after death

oge 4 may be

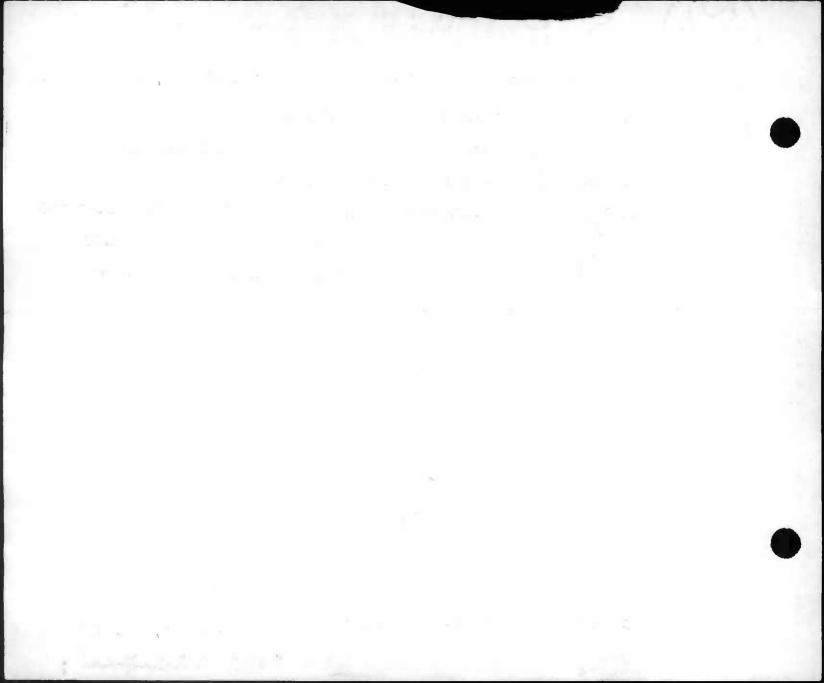
STATE OF MARYLAND

1 -	STATE REGISTRAR		DEPAR		ICATE OF DEATH	PHYGTENE	REG N	10.		
	CEASED NAME FIRST		MIDDLE		AST	2a D.	ATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
11116	BABY	BOY		CLAY	•	00	CTOBER	18,19	984	6:33A
3. SE)	(4 RACE		5. DATE (E (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
	147 7 77		DT 3 GT	MONT				YRS	MONTHS DAYS	HOURS MIN.
70 BI	MAT.E RIHPLACE ISTATE OR FOREIGN	76. CITIZEN Ó	BLACK F WHAT COUNTRY	/2 9	0/18/1984	O DA	LTIMORE CITY		OF DEATH	15 158
	OUNTRY)		1103		D NEVER MARRIED	enema .				
	ARYLAND TY OR TOWN OF DEATH	M. NAME O	USA HOSPITAL NURS	WIDOWE	OR OTHER INSTITUTION	7	BALTIM		TTY 12h KIND O	F BUSINESS OR
	ALTIMORE		JOHNS H	ET ADDRESS)		(TYPE	OF WORK FOR MOST	OF WORKING LI		
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME COL	ROTHER INSTITUTION	N. GIVE RESIDENCE BEFO		13d INSIDE CITY LIMI	TS2 113. S1	REET ADDRESS	/ 7IP CODE		
	RYTAND		BALTIM		YES NO		912 AIS			21213
	THER'S NAME	-10		Ю	15 MOTHER'S MAIDE					
	FIRST	MIDDLE	IAST		VELANI	Δ	MIDDLE		CLAY	
Ióo. V	VAS DECEASED EVER IN U.S. A	RMED FORCES	166. SOCIAL SEC	CURITY NO.	17 INFORMANT	D4.1	ADDR	ESS	CLIALL	
D	(ES. NO OR UNKNOWN) 1# YES. G	IVE WAR OR DATES)			TITLE WATE	DA OT	A 3.7		7 DOLLD	
			<u> </u>		VELANI	DA CLA	Y		ABOVE	MATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse p	A .	- 0	.)	^	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
		TE CAUSE (a)_	Cardin	men	monany	<u> </u>	men		10	mer
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI,	(c)_	OR AS A CONSEQ	gener	1000	Stery TERMINAL D	Ly DISEASE OR COP	NDITION GIV	/EN IN PART 100	3
ON	Law (moth.	weight	+						
CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES S []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR .	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY O	CCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 F	PART 1 OR PART 2}	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	E FARM ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	27a I certify that (1)(this hosp saw the deceased alive a above, (1) (we) (did) (did n	10	13 19	PR 1. ((0/18-, 19-	oinion death	occurred on the			that [[/(ye) los couses stated
	226 SIGNATURE				DEGREE				22c. DATE	SIGNED
	(DURA	ah m	2 Will	Ind !	ATTENDI PHYSICI	NG ME	CTOR PHYS	CIANT	1011	8/84
	22d PHYSICIAN NAME (NOF		1 Wile	3	22e ADDRESS		Wolf			
23a. 8	URIAL, CREMATION, REMOVA			NAME OF	EMETERY OR CREMAT	ORY 23c	LOCATION		COUNTY	STATE
	CREMATION	10/	18/84	ت	THH		BALTIM	ORE		205
_	INFRAL DIRECTOR				25	n DATE REC	D BY REGISTRA	R 75h REGIST	IRAR'S SIGNAT	AU 5

DHMH - 16 50M 4/83 (VRA 15, 4)

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executed within 24 hours ofter death. Page

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completely filled in by the fune at a 1, and 2 should be filed within 72 to

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signed by the ottending

should be detoched for use as the burial-transit permit. Then please remove carbonoopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

STATE OF MARYLAND

1. DEC	CEASED MAME FIRST		MIDDLE	LA.	ST		20 DATE OF DEATH M	ONTH DA	YEAR	26 HOUR
(1146	CE PENAL)									7000
			son CLAY		F 0.1071.1		OCTOBER 15	1984	UNDER I YEAR	# UNDER 24 HRS
3.56)		4. RACE		5. DATE O	DAY	YEAR	O AGE (INTEAKSTASI BIKIT		NIHS DAYS	HOURS MIN.
	Male	В	lack	3	20	20	64	YRS.		
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	□ NEVED A	MARRIED X	9 BALTIMORE CITY OR	COUNTY	FDEATH	0 = 11 = 11
	Virginia	U. S	. A.	WIDOWE		VORCED	Baltimore	0 i + 11		MD
_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O			120. USUAL OCCUPATIO	N		F BUSINESS OR
	2		CH EACILITY, GIVE STREET				(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
	Itimore AL RESIDENCE (IE NURSING HOM		and Gener		pital		Laborer		C 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ruction
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	aryland		Baltimo	ore	YES	NO 🗌	Baltimore,	Naryl	and 2	1217
14. F.A	ATHER'S NAME	WIDDLE	LAST		15. MOTHER"	S MAIDEN NA	AME		LAS	ST
	Judge		Claybo	rne	Ma	ary	Otelia		Cart	er
	VAS DECEASED EVER IN U.S.		166 SOCIAL SECT	JRITY NO.	17 INFORMA	JUL	4828 G1	lrav I	Orive	
(1	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-01-2	282	Elizal	heth De				d 21214
					41444	76-611-01	- Harris - H		APPROX	IMATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	JSED BY:							minu	
	IMMED	NATE CAUSE (O)CZ	ardiac Ar	rest						
	V-3 ()	DUE TO, C	R-AS A CONSEQU	ENCE OF						
	Conditions, if ony, which	((b)_	Intracere	bral B	emmorh	age_				
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU	ENCE OF						
	underlying cause lost.	(6)								
	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TER	MINAL DISEASE OR COND	TION GIVEN	IN PART II	0
NO	77	T - FL T	T-1-	D						
ATIC	Hupertension		DIVER LODE			RMED	20a AUTOPSY?	206. IF YES, 1	WERE FINDIN	NGS USED
CERTIFIC								IN CERTIFY	NG CAUSES	OF DEATH?
RT	2 a. ACCIDENT WAS UNDERLYING	21b. TIME (DE INTILIEN		121. HOW/IN	LILIBY OCCU	RRED (ENTER NATURE OF INJURY	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF	110110 4	.M. MONTH D	AY YEAR	ZIL NOW IN	JORI OCCUI	KKED (ENTER NATURE OF INJURY	IN HEM IS PAK	LIORPARIZ)	
CA	(IF EITHER NOTIFY MEDICAL EXAM		.M.	19						
MEDICAL	216 INJURY OCCURRED		OF INJURY	EARLA FIC)	211 LOCATIO		CITY OR TOW	N	COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, SI	MEET, EACTORY, OFFICE,	PARM EIC J						
	220 I certify that (IX) this ha	ospital) attended ti	he deceased from	Sente	mber 2	7 19. 84	to October	75.19	84	that (W(we) lost
	sow the deceased alive	on_Octobe	r 15. 19	84 on	d that in (XX	(our) opinior	deoth occurred on the dot	e and hour	and from the	couses stated
		won view the body	ofter death.		EGREE				22E. DATE	
	226. SIGNATURE	5 17	and a	ni		ATTENDING	MEDICAL STAFF	. /	1/1/	SCION
	Coal	1		111/1	//	PHYSICIAN	DIRECTOR PHYSICIA		1/0/	13/0
	224 PHYSICIAN'S NAME (T)	PE OR PRINTY	/	m (1)	22e. ADDRES				1 ((- /
4	1 1/2/51/1	U	-OW /	11/1/	1 C/O M	larulan	d General Ho.	snital		
	1 11000 tt	7) . 6	_000 //	112	0,0 11	ar 9 rais	a ceneral no.	pr cur		

DHMH - 16 50M 4/83 (VRA 15, 4)

10/18/1984 Garrison Forest Veterans Owings 11s. Maryle 2501 Gwynns Fall Parkway
Baltimore, Maryland 21216 OCT 1 7 994 74 Nutter & Sons 2501 Gwynns Fall Parkway Funeral Home Inc. Baltimore, Maryland 21216

Oligina Transista

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Virginia U. S. A.

Laorar Construction

IMERVISES SALTIMORS X SALTIMORS, Maryland 21217

Judge Clayborne Marter otella Carter

Yes the 217-01-2282 Directs Domey Heltsone, Maryland 21216

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etoined by the haspital or attending physician.	by the	rs. Pages 1 and 2 shauld be tiled w	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.	DEANT IS IN THE CONTRACT OF THE PROPERTY OF TH
eto	0	shou	#I M	0

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAP HYGTENE CERTIFICATE OF DEATH

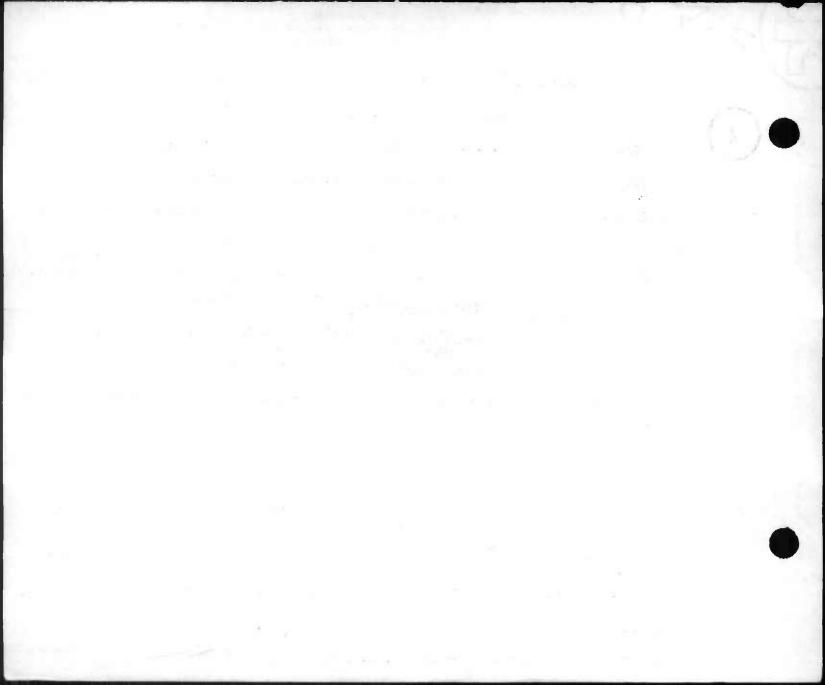
REGISTRAR			REG. NO.	
I. DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Christin	e Elizabeth Cl	layton	October 10,	1984 5:00 Am
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Jan. 4, 1912	72 _{YRS}	
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	TY OF DEATH
Maryland	U.S.A.	WIDOWED A DIVORCED	Baltimore C	ity MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Baltimore	3838 Roland		Homemaker	
USUAL RESIDENCE (IF NURSING HOME IT 136 STATE			130.STREET ADDRESS / ZIP CO	DE
Maryland	Baltimo		3838 Roland Av	
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
James			Helen	
160 WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)		ADDRESS	21044
No	215 03	3580 Donna Opticar	n 11255 B Slalom	Way, Columbia, M
18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	and ical.	1 600	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) Myo co	andial infanction ?	and CHD	1 HR
	DUE TO, OR AS A CONSEC	LAR HEART DISE	ME HYDERTEN	SEVE = 3 YR
Conditions, if ony, which	((b) VALVUI	RT DISEASE, CAM	MSE IT ITELLIANS	25/12
gove rise to immediate couse (a), stating the				E ZYR
underlying couse lost	(c) CHRON	IC CONGESTIVE	HEME! FAILUR	1 2/1
		O DEATH BUT NOT RELATED TO THE TERM		
70	DYSCRASTA		HOLESTASIS, R	
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
E A ACCIDENTANCE ANADERSANIE	21b. TIME OF INJURY	21. HOW IN HIDY OCCUP		YES NO
	LIGUE A MA MONTEN	DAY YEAR	RED TENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 216 INJURY OCCURRED	P.M. 21a PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE		LITY OR TOWN	COUNTY
AT WORK - AT WORK		3-27 10 81	0 - 19	04
	pital) attended the deceased from	CU	death occurred on the date and h	au and from the course stated
above (11) we) (did) (did i	not view the body ofter death.	DEGREE	dearn decorred on the date ond to	27¢ DATE SIGNED
Solve a	welton	MA ATTENDING	MEDICAL STAFF	10/11/84
22d PH SICIAN'S NAME (TYPE	COR BRIGHT	PHYSICIAN [DIRECTOR PHYSICIAN	1-/11/31
			rozgitu Porkrau	Boltimore Md
	Nesbitt, III		Versity Parkway	Baltimore, Md.
230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	dorred and
Burial 24 FUNERAL DIRECTOR	10/11/1984 B	altimore Cemetery	Baltimore, M	MLYLANG
Burgee-Henss Fund	arel Home Balti	more Md 21211	TE REC'D. BY REGISTRAR 256, REGI	Davidson-Mandale
burgee-nenss rune	stal nome pattl	HOLESTA STATE		

DHMH - 16 50M 4/83

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 26 HOUR I. DECEASED NAME WILLIAM COAKE 10 5:45P 4. RACE S. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY APRIL 15 1927 WHITE 57 MALE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED X PENNA. BALTIMORE U.S.A. WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12s USUAL OCCUPATION 120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DEPT. OF BALTIMORE VAMC, Baltimore, Maryland ROOFER EDUCATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO 13a. STATE 3707 BELAIR RD. 136 COUNTY BALTIMORE 21213 MD. YES E NO [] 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ALLEN MYRTLE ARTHUR COAKE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (MOTHER) 219 20 5754 MYRTLE KLINE SAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF METASTATIC CARCINOMA FROM RIGHT LUNG TO LIVER Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78s. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESAT 71g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE AT WORK 220.1 certify that (X (this haspital) attended the deceased from OCTOBER 4. 1984 to OCTOBER 25 above X (we) (did XXXX) new hy new fater dec _19_84 ____, and that in (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 10-26-84 PHYSICIAN DIRECTOR PHYSICIAN T VAMC, Baltimore, Maryland 23c NAME OF CEMETERY OR CREMATORY BALTIMORE MD . BURIAL 10/29/84 PARKWOOD 24 FUNERAL SCHOMUNEK FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE a Daydson-Handell 3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 50M 4/83 (VRA 15, 4)

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Item 136	(-e]	er foh. 10/16/ 1- STATE REGISTRAR	84 kg		OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GRENE REG. N	
B 2) 75		1. DECEASED NAME FIR		WIDDLE	cates	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 10-5-84 11-23,
- A - A - A - A - A - A - A - A - A - A	3	FEHALE	4 RACE Blac		DATE OF BIRTH MONTH DAY YEAR 11 25 1900	6 AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN
mental dis	99	70 BIRTHPLACE (STATE OR FOREK COUNTRY)			ARRIED NEVER MARRIED DIVORCED		OR COUNTY OF DEATH
to other a	46	BALTIMORE		CH FACILITY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION SS) OSPITAL	120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS O DE WORKING LIFE) INDUSTRY
1 24 hours	35		ome or other institution COUNTY altimore			13e, STREET ADDRESS	om Ave. 21217
and within	300	II. FATHER'S NAME FIRST Lloyd	MIDDLE	obinson	Josephine	AME MIDDLE	Rainbow
e eventil	medical	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES]	166 SOCIAL SECURITY 220/30/022		oates 2025 N	I. Fulton Ave.
ies that the death certificate goed by the ottending physic in please remove corbonadels burial, cremation, or removal	ry, or other traumatic event, t	Conditions, if ony, wh gave rise to immedia cause (a), stating underlying cause la	DUE TO, Co ich ofte the DUE TO, Co DUE TO, Co Co Co Co Co Co Co Co Co Co	OR AS A CONSEQUENCE	OF O	anest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he low requi on hou been up permit. The ere prior to 1	Salar Indian	190 DATE OF OPERATION			RATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN 7 og physic certificate risal-trans	Dec. 18 sh	21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A	.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJU	
		21d INJURY OCCURRED	71a DI ACE	OF INJURY	21f LOCATION		

YES TB PART I OR PART 21 COUNTY abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 220 DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL STAFF TYPE OR PRINT) rathew 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN 10-10-1984 Arbutus Memorial Pk Arbutus 24 FUNERAL DIRECTOR Vernon R. Bailey 1348 N. Calhour.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DREEK thould be detected with the State Dopt MPORTANT. If them

Committee of the second second

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in By the function should be detached for use as the burial-transit permit. Then please remove corbonappers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

within 24 hours ofter deoth. Poge 4 may be

executed

deoth certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician. FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR			CERTIF	ICATE OF DE	AIN	REG. N	0.		
	CEASED NAME	FIRST	WIDDIE	t	A5T				DAY YEAR	26 HOUR
(itre	OKPRINT	Bmma.	M.	Coe			Oct. 14 19	984		M
3. SE	X		RACE	5. DATE C		YEAR	& AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER 1 YEAR	HOURS MIN
	Femal	e	White	12		25	58	YRS.	MONTHS DATS	NOOKS MIN
	RTHPLACE ISTAT	E OR FOREIGN 7	CITIZEN OF WHAT COL	INTRY? 8	NEVER MA	ADDIED [9 BALTIMORE CITY C		OF DEATH	
	Md.		II. S.A.	WIDOWE		ORCED	Baltim	ore (Ti tw	MD.
10. CI	TY OR TOWN O	F DEATH 1	1. NAME OF HOSPITAL, I		OR OTHER INSTIT	UTION	12a USUAL OCCUPATI	ION		F BUSINESS OR
	Balt		3154 Strick				Wire Tad	-		edical
USU/			THER INSTITUTION, GIVE RESIDEN		1124 INCIDE CIT	V I IAA ITCO	13e. STREET ADDRESS			21229
130	Md.	130 COOM		to.	13d. INSIDE CIT	10 []	3754 Str		and St	CICCA
14. FA	THER'S NAME				15 MOTHER'S			LUAL	and bu	
	Harry	·	P. Broug	hton	FIR	oseph	MIDDLE		Chart	
	VAS DECEASED	EVER IN U.S. ARM	ED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMAN		to. Md ADDRE	99 22C		<u>Cn</u>
(1	res, no or unknow	(IF YES, GIVE V	VAR OR DATES	20-4469	Clyde				kland	9+
	IR CAUSE OF	DEATH (Enter only	one couse per line for (o),		LOTAGE	TI OC	7174	OULIC		IMATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED	BY:		rarginom	a of t	he lung wit	-h		months
	wide s	pread me	tastasis		arcinom	a or c	are rung wr	-4.4		MOTETIO
E 3	Conditions, if	ony which	DUE TO, OR AS A CON	ISEQUENCE OF						
	gove rise to	immediate	(0)							
		couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
O	Diabete mellitus									
CATI	190. DATE OF O		196 CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
CERTIFICATION							YES NO TO		YING CAUSES	OF DEATH?
CER	21a. ACCIDENT W		216. TIME OF INJURY	THE DAY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, P	ART I OR PART 2]	
		CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR						13-7-50
MEDICAL	21d. INJURY OC		21e. PLACE OF INJURY		21f. LOCATION	1			V III Z	
W	WHILE AT WORK	AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	ZIKEEL		CITY OR TOW	VN	COUNTY	STATE
	22a.1 certify the	ot (I) (XXhospito	I) ottended the deceased	from Julu	10.	1978	october	14,	1984	that (I) (XX lost
	sow the de	reased alive on	October 12,	_19 <u>84</u> , on	nd that in (my) 🔻	(X) opinion o	death accurred on the do	ote and hou	r and from the	couses stoted
	226. SIGNATUR	LOI,	1 1		PEGREE				22c DATE	SIGNED
	11	Jal	lapen, y	mi	ATT PH	TENDING TYSICIAN X	MEDICAL STAF	IAN 🗍	16 OC	t. 84
	22d. PHYSICIAN	S NAME (TYPE OF	RINT		22e ADDRESS					
	Wilmer	K. Gall	lager, Jr.,	M.D.	3455	Wilker	ns Avenue -	Balti	imore, M	MD 21229
23a B	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		COUNTY	STATE
	Buria		10-17-84	Mt.Oli	vet Ce	m.	Bal to		COUNTY	Md.
24 FL	Pruman	Schwal	b 5151 Be	to.Nat		250 DATE		25h REGIST	RAR'S SIGNATI	
u.	T.T. CHIICH	Deliwa	, , , , , , , , , , , , , , , , , , ,	229 Nat	T.TIK	7 007	1 6 1084	dia L	avidson-A	andale_
			764							

DHMH-16 60M 1/73 (VR A 15 (4))

od - Court of the court of the

requires that the death certificate be executed within 24 hours often TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

ond completely filled in by the funeral director, page 3 ages found 2 should be filed within 72 hours ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

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'	1 -	STATE REGISTRAR		DEFARIN		ICATE OF DEATH		REG. NO.	35.10	
	I. DEC	CEASED NAME		AIDDLE	P	LAST	20 DATE OF DE	ATH MONTH	DAY YEAR	9 भक्छ PM
	.77	Jule	Κ.	6	he	n	10	28-	84	2115 DM
	3. SE)		4 RACE		S. DATE C		6 AGE (IN YEARS	EAST BIRTHDAY}	MONTHS DAYS	
		FEMALE	W	HITE	5	-30-95	89	YRS		MIN.
	- 0	RTHPLANEWSTAYORKEIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	OFDEATH	- X-17
Д		XXXXXXXXXXXXXXXX	03		WIDOWE		Dalle	more C	Mh	MD.
1	10 CI	TY OR TOWN OF DEATH	11. MAME OF H	HOSPITAL, NURSIN HFACILITY, GIVE STREET /	ADDRESS!	OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING	LIFE) ZNDUSTRY	OF BUSINESS OR
1		BALTIMORE	Sain	agne	1 410	spelal	MARAGE	SPERSON	DEPT.	STORE
-	130 S	TATE // AND-COUR		GIVE RESIDENCE BEFORE 131. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS	11	21229
	14 FA	THER: SNAME	MANAGE A	DALITMO	JILL	15. MOTHER'S MAIDEN NA	ME CAN	all Ux	noge	21229
1		ISAAC	MIDDLE	KOPLOWIT	ΓZ	PAUL	MI	IDDLE	UNKNOW	IN
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MRS	GLORIA	PEERT		
	,,,	NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	213262	-239	9802 SOUTH	ALL RD.	RANDALL	STOWN,	MD 21133
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	dic				BETWEEN	XIMATE INTERVAL LONSET AND DEATH
			E CAUSE (a)	espira	ton	amest	-		imn	rediate
		1000-3	DUE TO, OR	AS A CONSEQUE	NCE OF					21
		Conditions, if ony, which gove rise to immediate	(b)	CVIA					10	O days
		couse (o), stoting the underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF	000	cerate	da and	16000	· m
			(c)	ewas	SU					a race
	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS <u>CO</u>	NTRIBUTING TO D	SEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	≀ CONDITION GI	IVEN IN PART I	10
Ē	CERTIFICATION	198 DATE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		ES, WERE FINDI	INGS USED
-	RTIFI	10/08/84	Sim		0	obstructie	YES NO	course 1	ES [NO [
		210. ACCIDENT WAS INDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF	M. MONTH DA	W CO	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	A Table		181					
	AEDI	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	ARM FIC 3	21f. LOCATION STREET	CIT	TY OR TOWN	COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK		12 = 1				-1- 0		
		22a I certify that (I) (this hospi				8 1939	, to(2/28	190	, that (I) (we) lost
		sow the deceased alive on above, (I) (we) (did) (did) to	t) view he body	ofter death.	3-1. or	nd that in (my) (our) opinion (death occurred on	the date and ho	our and from the	causes stated
		22b. SIGNATURE)	, ,		DEGREE			22c DATE	SIGNED
		0	Ch C	eML)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN X	101	28/84
		E. BRUCE, MI	R PRINT)			ST. AGNES	HOSP.	- BALTO.	,MD	
	23a B	URIAL, CREMATION REMOVAL SPECIFY) BURIAL	OCT.30	,1984 ²³ MC	SES I	ONTE FIORE TORY	23d LOCATIO	MORE	COUNTY M	IARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages/with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the

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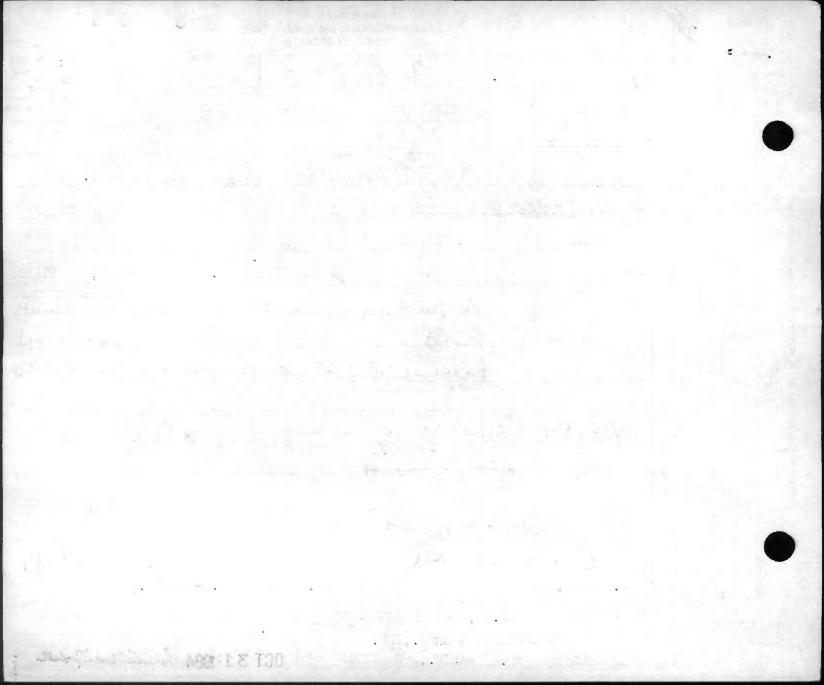
& BROS., INC.

BALTO., MD 21215 CONG.

SOL 24 FUNERAL DIRECTOR LEVINSON 6010 REISTERSTOWN RD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Davidson-Randesse



TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter deviced by the hospital or otherding physician. TO FUNERAL DIRECTORS. After this certificate has been signed by the otherding physician and completely filled in by the functional should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filled with the foreign or the buriol cremation, arremoval. WITH THE STORE DEPT OF Health and Mental Hygere prior to buriol, cremation, arremoval.	oy be
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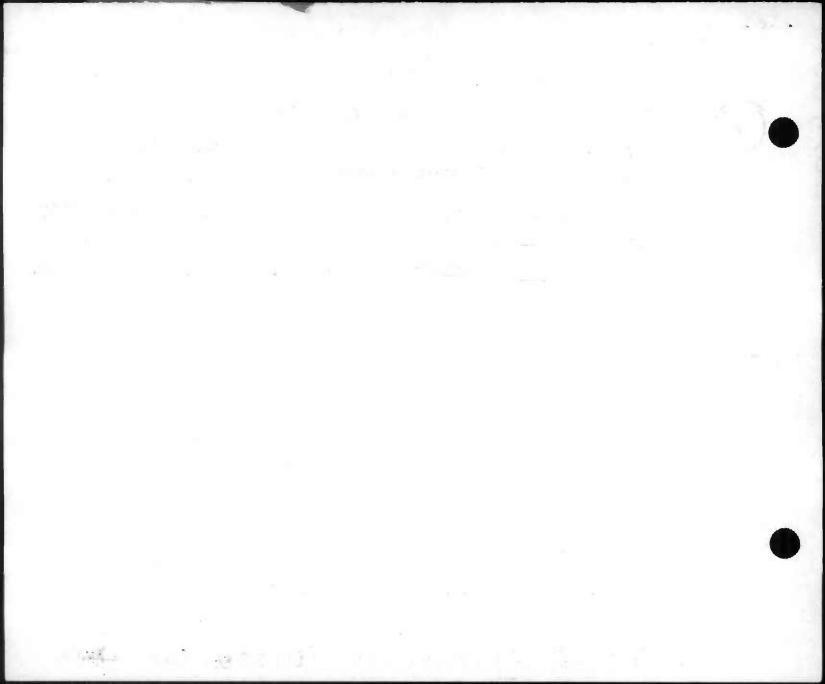
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARHY CHENE

7 6

-	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
1		CEASED NAME FIRST OR PRINT) MARTH	A T.	COLCLO	ugh	20 DATE OF DEATH	20 DATE OF DEATH MONTH DAY YEAR				
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
	-	EMALE	CAUCASAIN	08	03 1928	56	YRS.				
2		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY					
1	N	IARYLAND	USA	WIDOWE		Baltimor			MD.		
4	E	Saltimore	11. NAME OF HOSPITAL, NURS	ospital	HOUSEWI			BUSINESS OR			
5	13a. S	MD BAI		WN	13d INSIDE CITY LIMITS? YES NO 💢		/ ZIP CODE t str	eet 2	21237		
2		THER'S NAME VINCENT	CZOSNOWS		MARY	WIDDIE		MKOWS	ζI		
4		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	ve war or Dates) 166 SOCIAL SEC 2122459		MICHAEL J	. COLCLOUG		29 31s			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate									
	NO	couse (0), stoting the underlying couse lost	OUE TO, OR AS A CONSEOU		Catalon 14 NOT RELATED TO THE TER	MINAL DISEAS E OR CON	IDITION GIVE	N IN PART Ita			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES			
7		210. ACCIDENT WAS UNDERLYING CONCENTION CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM IB PA	RT 1 OR PART 2)			
1	MEDICAL	21d HNJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LATHOME STREET FACTORY OFFICE	FARM ETC	ZII LOCATION	CITY OR TO	OWN	COUNTY	STATE		
		sow the deceosed alive an above, (1) (e) (did) (did no	ottended the deceosed from 10 21 19 11 yew the body offer death	41 1 2	nd that in (my) (our) opinio	n deoth occurred on the c	, ,	and from the c			
		226 SIGNATU	le g		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		Oct.	21, 1981		
		JOHN P. SERLE			UNION MEMOR	IAL HOSPITA	5)		
ĺ	23a. B	URIAL, SEMATION FEMALE L	4 4-1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BATTO		COUNTY	STATE		
	24 FU	BURTAL	1 10/25/84 ;	en A	PANISTAUS 250. D/	ATE REC'D. BY REGISTRAL	256 REGISTR	PALITU PAR'S SIGNATU	JRE		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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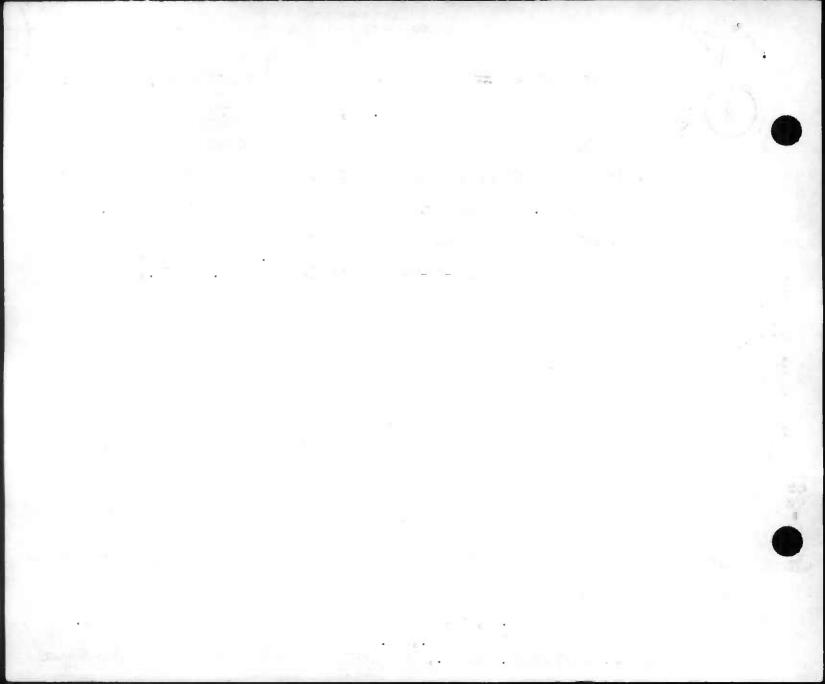


FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGHENE **CERTIFICATE OF DEATH**

- 1	-	NEO IO INI						REG. NO.				
		CEASED NAME FIRST	/	MIDDLE	l.	AST		28 DATE OF DEATH MON	TH DAY	YEAR	26 HOU	R P
П	11110		THA 3	*	COLI	Ξ		OCTOBER 1	4, 1	984	5:5	
	3. SEX	K.	4. RACE		5. DATE C		rEAR (AGE (IN YEARS LAST BIRTHDA		INDER 1 YEAR	# UNDER	24 HR5
	F	EMALE	WHITE		JAN.	15, 1914		70	YRS.		HOURS	144 1450.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARR	IED T	BALTIMORE CITY OR CO	OUNTY OF	DEATH		
2		ENNSYLVANIA	USA		WIDOWE			BALTIMORE	CIT	Y		MD.
2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUT		170 USUAL OCCUPATION		12b. KIND O	F BUSINE	SS OR
2	E	BALTIMORE /	JOHN	S HOPKI	NS H	OSPITAL		HOUSEWIFE		AT I	HOME	
1		AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE SEFORE		13d. INSIDE CITY LI	MITS?	3e STREET ADDRESS / ZIF	CODE			
1	M	MARYLAND BALTO	0.	BALTIMO		YES NO		3405 DEEP W		RD.	2120)8
2/	LE FA	THER'S NAME	MIDDLE	LAS1		15 MOTHER'S MAI		E MIDDLE		LAS	7	
C	1	CHARLES		SOMMERS		TII	LLIE	***************************************		KUL	ÈΕ	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		PHYLLES CO	LE FR.	[EDMAN	V	
6		0		214-46-9	9610	3314 OLI	FOR	EST RD. BALT	ro., 1	MD 212		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART L DEATH WAS CAUSED BY: O A DEATH OF A DEA									MATE INTER	VAL DEATH
			TE CAUSE (a)	CARDIO	PULI	MONARY	AR	REST		51	MINO	JTES
			DUE TO, O	R AS A CONSEQUE	ENCE OF			0 6		1-	01	
		Conditions, if ony, which	(b)	SEPSIS	OFUL	KENOWN E	TIOL	OGY, RENALFA	KURE	>	DAY	7
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	0		C1 -		14240		
		underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF 1 GERICARDIAL EFFUSION								1 7	EAR	
	,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION		Ton		TON FOR WHICH OPERATION WAS REPEORISED. TO AUTORS V2. THE LEVEL				IF WEE IN	WERE ENIONICA WAST		
7	PCA.	190 DATE OF OPERATION	196 COND	ION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF				H?
9	EX	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTITION		1212 HOW IN HIRV	OCCURRE	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)]
1		OR CONTRIBUTING CAUSE OF DE	110110 1	M. MONTH DA	AY YEAR	ZIC HOW INJURY	OCCURRE	U (ENTER NATURE OF INJURY IN	TEM IS PART	TORPART 2)		
-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P. PLACE		19	211 LOCATION	_					
	M.E.C	WHILE IN NOT WHILE IT		REET FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOWN		COUNTY	5	TATE
		AT WORK AL WORK			10-	G - 19	84	10 10-14	1 19	04		
		220 I certify that (this haspi	101.	4 _ 10 !				enth occurred on the date of			that (I) (v	
		obove, (I) (we) (did) (did no	ot) view the body	ofter death.		DEGREE				22c DATE		
		Rama	Mal	167ex 1	ho.	ATTEN	DING _	MEDICAL STAFF	0.7		14	Se
-		27d. PHYSICIAN'S NAME (TYPE C	OR PRINT	700		22e ADDRESS	ICIAN [DIRECTOR PHYSICIAN	<u>pq</u>		- '	
		RMALHO	1.				HOP.	KINS HOSPIT	-pc,	BALT	, MS	>
4	73n R	SURIAL, CREMATION, REMOVAL		72, N	JAME OF C	EMETERY OR CREM		123d LOCATION				
	130 0	SPECIF BURIAL			AR SI		MIORT	OWINGS M	ILLS	·BALT). N	AD
				& BROS.			250 DATE	REC'D. BY REGISTRAR 256	REGISTRAI	R'S SIGNAT	URE	
		6010 REISTERSTO		BALTO.	•	1215	007		whia Da		Alanda	M.
		OTO KETOLEKOTO	ATA TOD .	DUTITO .	4.			- 0 1004		017-0	1	-

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 2 1201	COL	ing rbo	tic e
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effected by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Earth formula should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled writin 7 may the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.	IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumatic event, the medical axialment and in the disconsistent of the medical axialment of the medic
	0 00	5 de 3	<u>₹</u> -

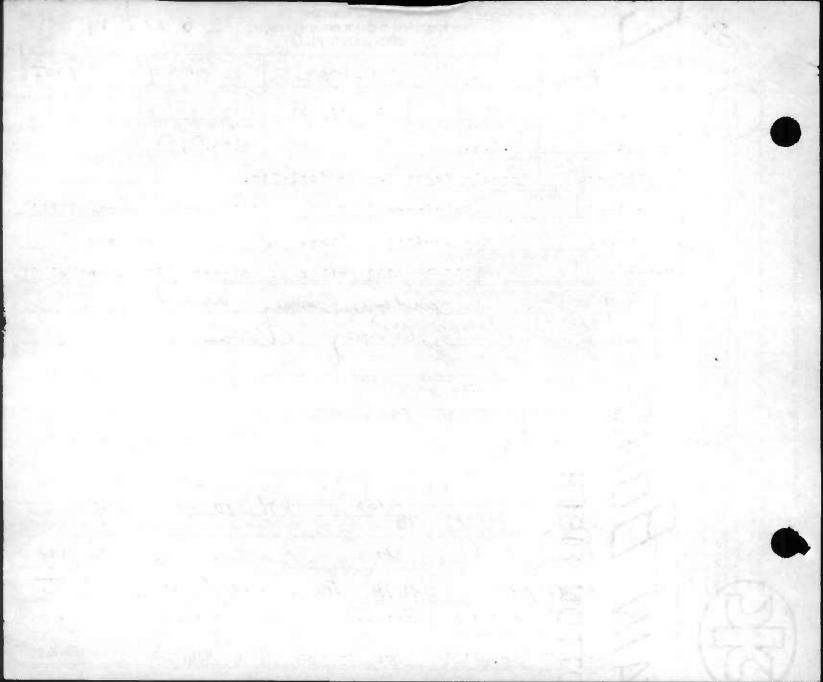
DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIEN
CERTIFICATE OF DEATH	•

26791

	1-	FOR STATE - REGISTRAR			DEPARTA		EALTH AND MENTAL HYD ICATE OF DEATH	IENE 2 6	7 9	1		
		CEASED NAME OR PRINT)	FIRST -LCE		B.		-EMM	20. DATE OF DEATH	MONTH DAY	YEAR	1 HOUR	A-M
	3. SE)	Female	4, 1	RACE R 1	a c k	S. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF UN MONTH	DER 1 YEAR	HOURS 2	A HRS
2		RTHPLACE STATE OR FO	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C		DEATH		
Ī	10. CI	ryland TYORTOWN OF DEA Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	Balto.(120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		Zb. KIND OI NDUSTRY	BUSINES	MD.
5	USUA 130. S	AL RESIDENCE (IF NURSI STATE Laryland				ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 282 Herr		ırt	2123	31
9		Thomas	MIDI	S	ummervi:		15. MOTHER'S MAIDEN NA FIRST Mary	MIDDLE	John	son		
1	()	VAS DECEASED EVER I VES, NO OR UNKNOWN) I KNOWN	N U.S. ARME (IF YES, GIVE W		215-18		Arthur C.	Coleman		Bet	hel	St
	. NOI	Conditions, if ony, gove rise to imm cause (0), stoting underlying cause	which ediote the last	DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	not related to the term	MINAL DISEASE OR CON	IDITION GIVEN II	N PART 110	,	
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8	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CATE OF DEATH	TENE 2 6	7 9	2 (
		EASED NAME FIRST BRINTI BLA	Middle M.	CO LE	NAN	20 DATE OF DEATH	23/d	YEAR 26 H	248
3	SEX	F	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MON YRS		IDER 24
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emovol.		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE IMMEDIAT	ly one couse per line to D BY: E CAUSE (o)	YPE/2TENSIU	e ENCEPHLI	PAPHY		APPROXIMATE IN BETWEEN ONSET	
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orked or Hem	WEDI	WHILE OCT WHILE AT WORK	21e. PLACE OF INJ	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51/
VT; If them 21 is mo		27a I certify thos Dathis hospi sow the deceased alive an obove. (I) Live (did) (did no 27ab. SIGNATURE	ort 23	19 <u>84</u> , or		, to deoth occurred on the do	F		s sto
	3a Bl	JRIAL, CREMATION, REMOVAL	DU RAWT		EMETERY OR CREMATORY	23d LOCATION 23d LOCATION			51
	-	Simul DIRECTOR WARMAN AND AND AND AND AND AND AND AND AND A	16/24,	134 mg	And um ~	E REC'D. BY REGISTRAR T 2 6 1984	25b. REGISTRAR	S SIGNATURE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME 7h HOUR LITYPE OR PRINTS charo IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR White 10 19 0.8 male YRS To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto New York U.S.A. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY LUTHERAN HOSPITAL Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 113b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 1819 N. Charles St. 21201 Baltimore YES X X NO Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MICOLE AN IDIOUS LAST Charles Collamer ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATES) Petrona M.Collamer 1819 N. Charles YES 079-14-7493 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF alune Conditions, if any, which gove rise to immediate couse (a), stating underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ito 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 214 IN JURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE

CERTIFICATION

MEDICAL

23d LOCATION

ATTENDING

Arlington National Alexanderia.

ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated THE DANK STONED

22d PHISICIAN S NAME (TYPE DEPRINT)

saw the decemed alive on, oboye. (i) (ve) (did) (did not)

220.1 certify that (1) (this haspital) attended the deceased from

22 ADDRESS

23c NAME OF CEMETERY OR CREMATORY

DEGREE

STAFF PHYSICIAN DEDIRECTOR PHYSICIANT

Va STATE

BURTAL

230. BURIAL CREMATION, REMOVAL

22b. SUGNATURE

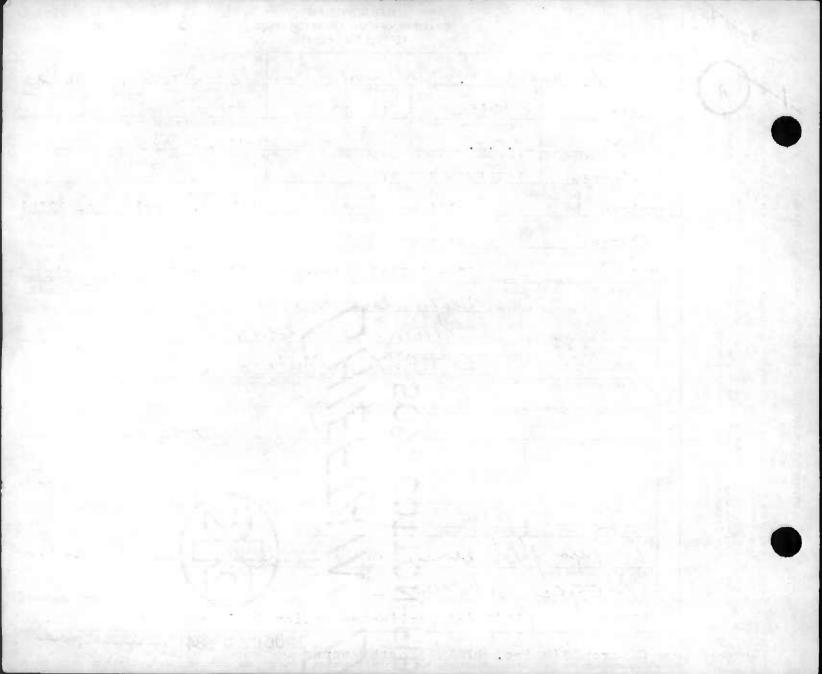
24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue

10/26/84

23b DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR S.SIGNATHER COR

DHMH - 16 50M 4/83 (VRA 15, 4)



MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CENTRECT SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY CENTRECT SHOULD BE EXHOLID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 15 FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGE 1 AND 2 SHOULD BE HILD WITHER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS 201 W. ST. LITHMORE, MARYLAND, 21/20 PRIOR TO BURIAL, CREMANTAL HYGIENE, DIVISION OF VITAL RECORDS 201 W. ST. LITHMORE, MARYLAND, 21/20 PRIOR TO BURIAL, CREMANTALION, OR REMOVAL.
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POR STATE REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST MIDDLE LAS	AND MENTAL	HYGIE	NE 2 6	1	9	4								
IF									OF DE	ATH	REG. NO.			
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田野豆食器97	Ĭ	relan	d	I	reland					Baltim	ore Ci	itv.		MD
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SES 1, 2 A PM 3 AND 2 AND 2		Patri	ck					15. MOTHER'S MAI	t .	Availa	b1e		LAST	Terr.
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BE EXECTOR OF THE PROPERTY OF	NO	PART 2 DTHER S	IGNIFICANT CONDITION	S CONTRIBUTION	G TO DEATH BUT NO	OT RELATED TO THE TE	MINAL DISEAS	E DR CONDITION GIVEN IN	PART F (g)					
	FICATI	19a DATE OF	OPERATION	19	CONDITION	FOR WHICH OPE	RATION V	AS PERFORMED?					20 AUTOPSY	? NO [X
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME D	ennis	F. Smy	d above, held an ident	Autop Vicide _	Homicide Homicide ANNE (SPECIFY) A.D. Assistar		Inquiry Cetermined mann	er .	DATE SIGNED	11/1/	84
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DHMH - 17 (VR A15 ME (5)) 20M 4/82					Pumph	irey Fui Maryland	neral	250. DAT	TE REC'D.	BY REGISTRAR	Pelia D	WI door	MATURE MANAGE	۷

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STATE OF MARYLAND

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executed within 24 hours after death. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

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FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		0	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(TYPE OR PRINT)	LIZABETH A-	COLVIN	10	115/84	9:10 PM
3. SEX	4. RACE	5. DATE OF BIRTH			
FEMALE	WHITE			YRS.	
	76 CITIZEN OF WHAT COUNTRY	17 8.	9. BALTIMORE CITY	OR COUNTY OF DEATH	
2001-1711	U.S.A		_ 4 1 100	IMORE CI.	TY - MD
10 CITY OR TOWN OF DEATH					
) BALTIMORE	LUTH	ERAN HOSPILA	2 OPERA	TOR BOOK	K BINDIN
	DUNTY 13c. CITY OR TO	WN 134. INSIDE CITY LIMIT	3213 E	E. JOPPA R	21234
FATHER'S NAME FIRST SAME	MIDDLE CAULK	15 MOTHER'S MAIDEL	- AMDDIE	LEN	LAST
160 WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEG	10.00	D. Colvin - 3:	1855 213 E. Joy	21234 Apa Rd.
PART I. DEATH WAS CAL	USED BY:	ROID RESPIRAT	TORY ARR	APPR BETWE	EN ONSET AND DEATH
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	TRACTA POLE	CONGESTIVE	HEART	
	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COM	NDITION GIVEN IN PART	Iro
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a). Stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 10 DUE TO, OR AS A CONSEQUENCE OF CONCESTIVE CONCESTIVE		DINGS USED SES OF DEATH?			
	DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2	2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC) 211 LOCATION STREET	CITY OR T	OWN COUNTY	STATE
220.1 certify that (1) (this has saw the deceased alive	on	711	inion death occurred on the	date and hour and from t	, that (I) (we) lost the couses stated
1. DECASED NAME 1. DECASED		ITE SIGNED			
Testate register Test Te					
	STATE				
	2 - 7527 H	ford Red. 250	OCT 1 8 1984		

- 7527 Harford Rd.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages, Land 2 should be it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.

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STATE OF MARYLAND

2	1.	STATE	DEPAR		HEALTH AND MENTAL HY	STÉNE 2	3		
1	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	FICATE OF DEATH	REG. NO.			
1		OR PRINT)		1	LASI	20. DATE OF DEATH M		2 OII	26 HOUR
		Catheri			only		0 /	304	61
	3. SE	X	4. RACE	5. DATE	OF BIRTH YEAR	& AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24
		F	W	11		63	YRS.		
U .	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR		OF DEATH	
in the		New Jersey	USA	WIDOW		Baltimore			
g		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		12a USUAL OCCUPATION		12b. KIND C	F BUSINES
200		Baltimore	1900 Thames St	ET ADDRESS)		(TYPE OF WORK FOR MOST OF V	VORKING LIFE	INDUSTRY	
\$0-4	USÜ	AL RESIDENCE HE NURSING HOME OR	1900 Thames St	RE ADMISSION		Housewife		47 1	0 -21
部人	13a S			WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		21	231
Service Control	14 67	Md NTHER'S NAME	Balto		YES NOTHER'S MAIDEN NA	1900 Thames	St		
The last	19. FA		MIDDLE LAST		FIRST	WIDDIE		LAS	Ť
OK		ate George Redl:			Late Mary				
O I		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	S	Martin 1	
ě /			135-10-	-1767	Miss Cynthia	Comey, 1900	Thame	s St.B	alto I
the the		18 CAUSE OF DEATH (Enter on	ally one couse per line for (o), (b), o	nd (c).1	0				MATE INTERVA
vent			D BY. TE CAUSE (6) TESPI	cator	in failure			imnu	
lic e		IMMEDIAI		1120) Idiloite			11111111	-010-
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5 2	FIC	DATE OF OFERATION	176. CONDITION FOR WHIC	N OFERATIO	DIN WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH
è Se	RT					YES NO	YES		NO 🗌
= G	-	OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT I OR PART 2)	
ltem	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19		100			
50 7	(ED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	EADM ETC \	211. LOCATION STREET	CITY OR TOWN	4	COUNTY	STA
rke	2	AT WORK NOT WHILE AT WORK	The state of the s	, r main, 616.7		1			
E S		22a. I certify that (I) (this hospit	tol) attended the deceased from		4 19 8 =	, to 10/13		9 84	that (1) (we
21 :		sow the deceased alive on		84.	and that in (my) (our) opinion	death occurred on the date	ond hour	and from the	couses state
MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumofic event, the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical examiner must be considered or one of the medical example of the	obove, (Live) (did) (did not 22b. SIGNATURE	1) view the body offer deoff	1	DEGREE			72c DATE	SENEDI	
	1)2.5	1 Buch	Va	ATTENDING	MEDICAL STAFF		10	1126	
7	MEDICAL CERTIFICATION 330 BRO 324 EACH	22d. PHYSICIAN'S NAME (TYPE OF	1000000		PHYSICIAN)	DIRECTOR PHYSICIA	.и 🗌	10	112/2
MOCKLANI II Nem 21 is morked or liem 18 shows only injury, or other troumotic event, the medical expansion of the property of	224. TITI STORE THE OF	0 1	MIN	O -	11 -11.	11	1	11	
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IMPORTA	230. B	URIAL, CREMATION, REMOVAL		NAME OF	CEMETERY OR CREMATORY	23d LOCATION	Stop	Phis	Lest
MPORTANT: If them 21 is marked ar Item 18 shows any injury, ar other traumatic eve to the strain of	URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 23c.			CITY OR TOWN	> trop	COUNTY	STAT	
	24 FL	Burial INERAL DIRECTOR	23b. DATE 23c. 10-15-84 Ma	eadowr	idge Cemetery	CITY ORTOWN TE REC'D. BY REGISTRAR 251	REGISTR		STATURE Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

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> Late George Redline Lave Mary Meimer

135-10-1767 Miss Cynthia Goody, 1980 Tax-ca St. Dalto Md

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jurial 10-13-60 Mendouridge Centery

Harry H Witche Will Columbia Ed, Ellicott City Md

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages I and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. retained by the haspital ar attending physicion.

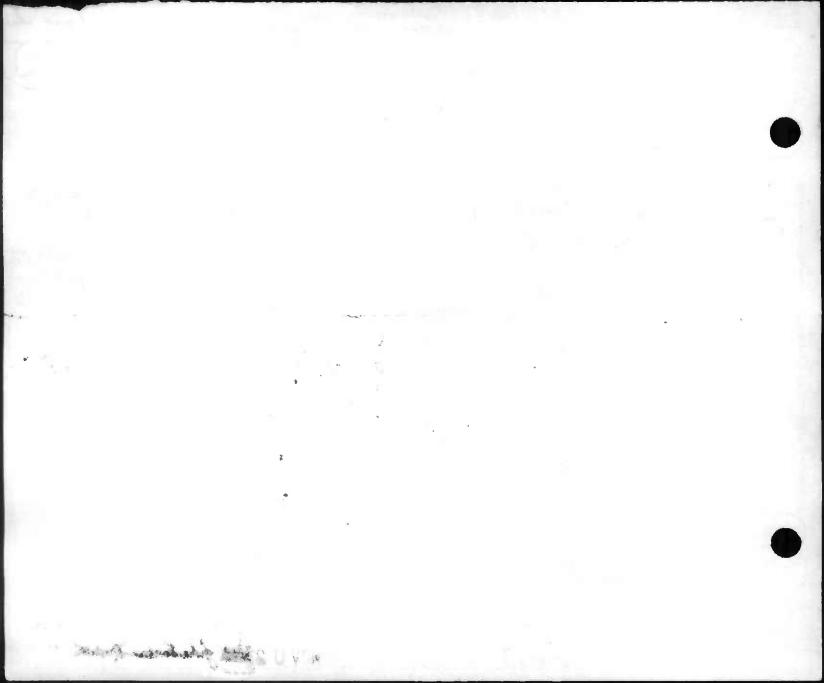
TO HOSPITAL

DHMH - 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 that it injury, ar other traumatic event, the medical

STATE OF MARYLAND

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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR ORDAIES) 217-28-8432 ATLEE H. COLLAWAY 18 CAUSE OF DEATH (Enter only one couse per limpfor 10), (b), and 10:11 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CVA (HAP). DUE TO, OR AS A CONSEQUENCE OF CVA (HAP). DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CVA (HAP). PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CON		rele	<u> </u>										
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARING IENE

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Ι'	REGISTRAR	HELEN M HELEN M HELEN M I. RACE FEMALE WHITE WHITE WHACE (STATE OR FORE IGN) VI S. A. OR TOWN OF DEATH LETIMORE WESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADD Church Home and I. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD Church Home and I. CON TOWN TO BALTIMORE WILLIAM BALTIMORE WISSIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADD CHURCH HOME AND I. LAST COS GROVE WILLIAM WILLI	CERTIF	ICATE OF DEATH	REG. NO	0				
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3. S				5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	R 24 HRS
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ie	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY O		OF DEATH		
M.	aryland	U.S	.A.	WIDOWE	D NEVER MARRIED .	Baltim				MD.
-	Baltimore /	(IF NOT IN SUC	CH FACILITY, GIVE ST	RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST O Accounting	ON F WORKING LIF	12b. KIND (E) INDUSTRY		ess or rds
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16a					17. INFORMANT	ADDRE	SS			
-		GIVE WAR OR DATES)	215-03	-3620	Marcia Bentz	8606 Oak	Road	21219		
Z.	PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	SED BY: IATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	CARDIO OR AS A CONSE ENDSTA OR AS A CONSE CARCIN	PULMON OUENCE OF GE REN OUENCE OF OME OF	AL FAILURE				ONSET AND	DEATH
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	220.1 certify that (I) this has sow the decreased alive above, (I) well did (id) and 22b. SIGNATU T. 22d PHYSICIAN'S NAME (TYPE)	on OCT nat) view the body	after death.	9 <u>84</u> , ar	22e ADDRESS CHURC	MEDICAL STAL DIRECTOR PHYSIC	EIAN []	226 DATE	SIGNED	
-		TOUVI				UADWAI	LTO.	MD 2:	1231	
230	Burial, CREMATION, REMOVE (SPECHY) Burial	23b. DATE 10/24/			emetery or crematory chedral Cem.	Baltimore	2	COUNTY	Mary	Tänd

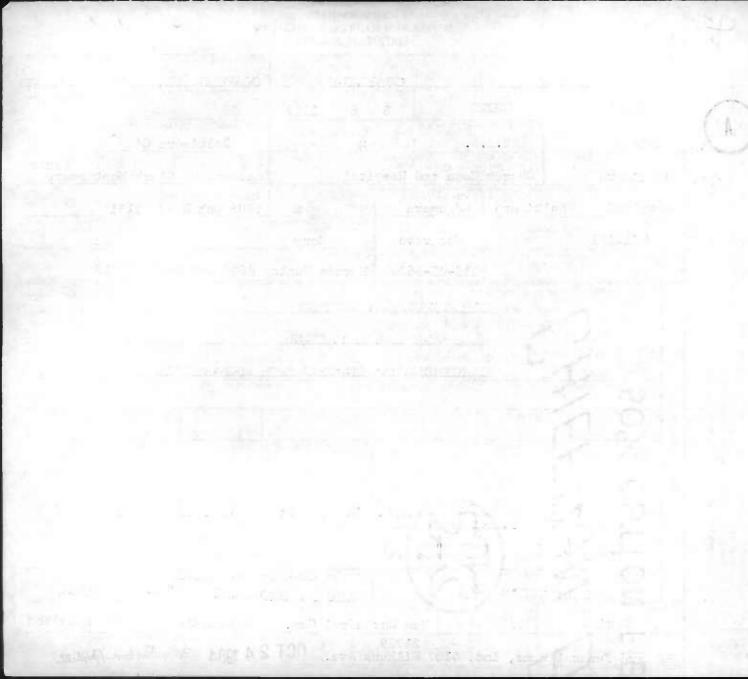
TO FUNERAL DIRECTOR: After

MPORTANT: If hem 21 is marked or

this certificate has been

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. OCT 24 1984 Suha Savidson Randole



OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filling in should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

rector, page 3 urs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

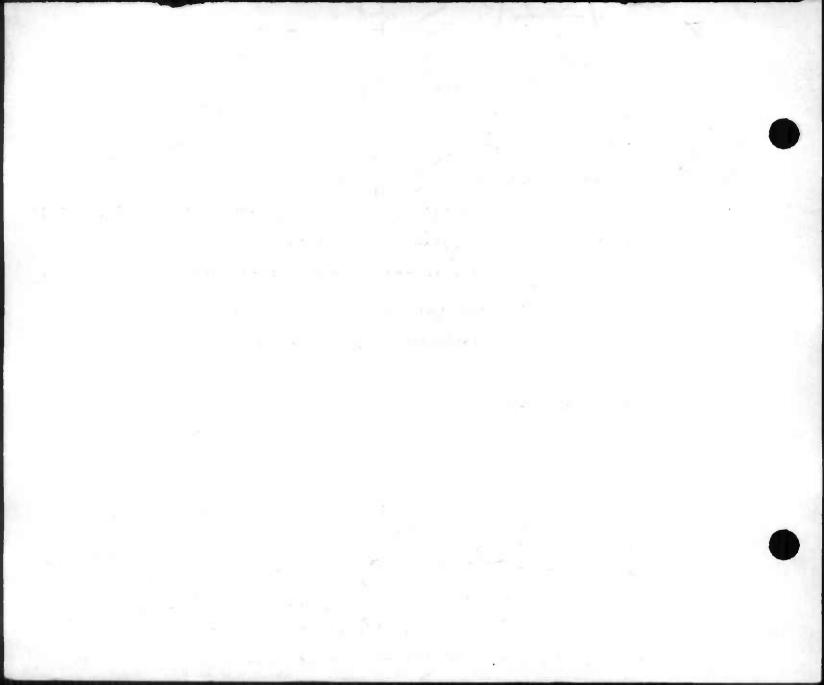
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REGISTRAR 1. DECEASED NAME (1996 OR PRINT) 2. DATE OF BIRTH MONTH DAY YEAR 126 HOURE 724 1. S. DATE OF BIRTH MONTH MONTH DAY YEAR 126 HOURE 724 1. S. DATE OF BIRTH MONTH								
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician

TO HOSPITAL



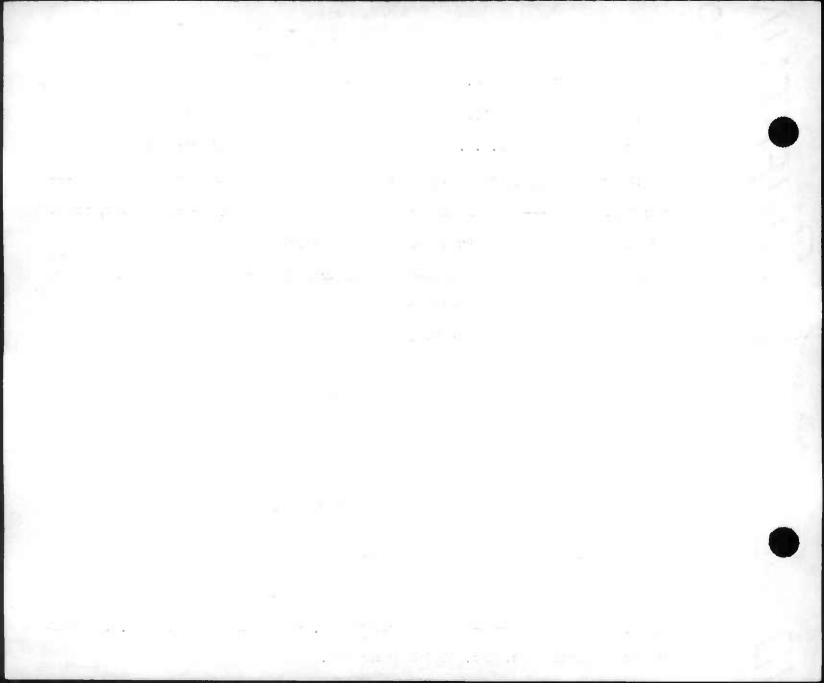
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

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₹	73a 5	URIAL, CREMAT	ON PENOVAL	23b DATE		23, NAME OF	CEMETERY OR CRE		123d. LOCATION				
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/83		INERAL DIRECTO			ADD	ORF S.S.	21229	25a. DAT	E REC'D BY REGISTRA	R 25h REGI	And the second	1	0.00
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FOR - STATE

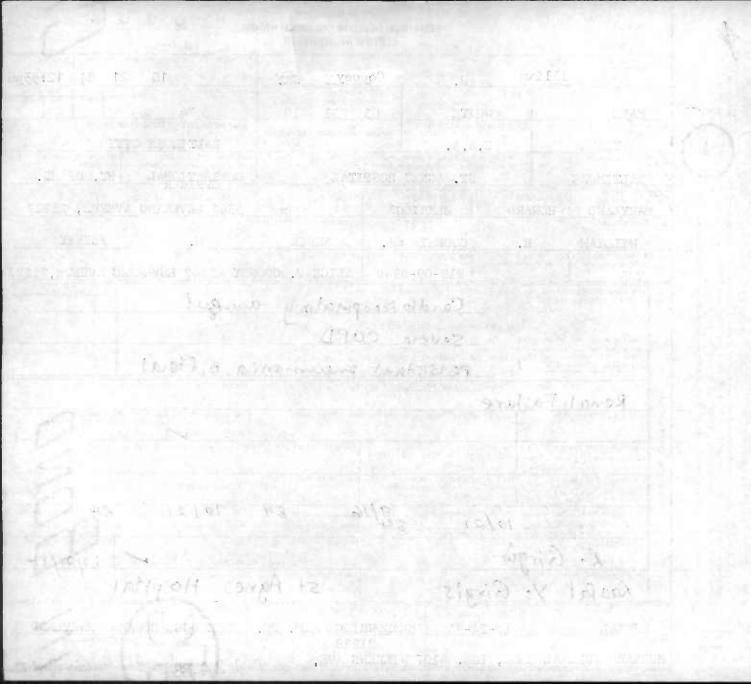
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENCAL HYGIENE

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REIGN 76. CITIZEN OF	WHAT COUNTR	Y? 8.	X NEVER	MARRIED T	9 BALTIMORE CITY OR C	OUNTY OF D	EATH	
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G HOME OR OTHER INSTITUTION			113d INSIDE C	ITY LIMITS?	13e STREET ADDRESS / ZI	P CODE	7	2411
HOWARD	ELKR	DGE	YES 🔲	NO 🔀	5542 LEVER		ENUE,	21227
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Н.	COONEY	SR.	AN		М.		FEEN	EY
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olive on 10/2	2 1	84. or		19 8 4 (our) opinion	to 0 2 1 death occurred on the date	and hour and	from the	
Girgib					MEDICAL STAFF DIRECTOR PHYSICIAN	_/	72c. DATE	21/84
Raafat Y. Gir			22e ADDRES	st. Ag	nes Hose	pital	T	
EMOVAL 236 DATE	2:	RE NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN	ÇOL	INTY	STATE
10-2	4-84	MEADOWF	RIDGE M		ELKRIDGE	HOWARD	MA	RYLAND
	ADDRES	s 21	L229	25a. DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'	SSIGNAT	TURE
RAL HOME, I	NC. 4107	WILKEN	IS AVE.		OCT 2 4 MON	3.0	Tarida	2
	H 11. NAME OF (IF NOT INSUITABLE OF LIFE ON LI	WHITE REIGN 7b, CITIZEN OF WHAT COUNTR U.S.A. H 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR ST. AGNI G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEAST H. COONEY NU.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) LAST H. COONEY NU.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES) DUE TO, OR AS A CONSECT Which conditions FICANT CONDITIONS CONTRIBUTING TO INDUSTOR OR MAN MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. MONTH P.M. ED 216. PLACE OF INJURY HOUR A.M. STREET, FACTORY, OFFIR Golive on 10. Glive	TILIAM H. C. INCLUDENT AND THE COUNTRY AND TH	TILITAM H. COONEY WHITE O3 31 REIGN 76. CITIZEN OF WHAT COUNTRY? REIGN 76. CITIZEN OF WHAT COUNTRY? WHOWED DY WHOWED DY WARRIED NEVER AND WIDOWED DI IN NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPITAL G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ISCOUNTY 13d. CITY OR TOWN HOWARD ELKRIDGE 15. MOTHER H. COONEY SR. AND NU.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 10. SOCIAL SECURITY NO. 17. INFORMA 218-09-0940 ALICE (Enter only one couse per line for (a), (b), and (c).1 SCAUSED BY. MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Which (b) SOCIAL SECURICE OF WHICH COONEY SR. AND DUE TO, OR AS A CONSEQUENCE OF WHICH (b) SOCIAL SECURITY NO. 17. INFORMA 218-09-0940 ALICE FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FICANT CONDITIONS STREET, FACTORY, OFFICE, FARM, ETC.) 216. TIME OF INJURY ALEXAMINER) P.M. 19 FICANT CONDITIONS STREET, FACTORY, OFFICE, FARM, ETC.) FICANT CONDITIONS CONTRIBUTION TO THE ADDRESS CONTRIBUTION TO THE	ILITAM H. COONEY JR. WHITE 9. DATE OF BIRTH MONIH DAY YEAR WHITE 03 31 10 BEIGN 76. CITIZEN OF WHAT COUNTRY? WHOWED DIVORCED DIVORCED H 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, CIVE STREET ADDRESS) ST. AGNES HOSPITAL G SOME OR OTHER INSTITUTION CIME RESIDENCE BEFORE ADMISSION) IS COUNTY HOWARD ELKRIDGE H. COONEY SR. ANNIE N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 218-09-0940 ALICE V. COO IEnter only one couse per line for (o), (b), and (c.) 1 SCAUSED BY. MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Which the lost (c) POLICIAL DEATH BUT NOT RELATED TO THE TERM FIGAL OF POLICIAL STREET ADDRESS P. M. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM FIGAL OF POLICIAL STREET FACTORY, OFFICE, FABM. ETC.) TO STREET ADDRESS EMOVAL 1236 DATE 175 NAME OF CEMETERY OR CREMATORY ADDRESS 186 NAME OF CEMETERY OR CREMATORY ADDRESS 187 ADDRESS 188 AND TERM WHITE ON WARRIED NOVER MARRIED NOVER MARRIED	REG. NO. ILTAM H. COONEY JR. 1 4 RACE S.DATE OF DIRTH YEAR CASE (INVIANS LAST BRIDGE) S.DATE OF WHAT COUNTRY? S. MARRIED NO NOR CED WIDOWED DIVORCED WIDOWED WIDOWE	TEST MODIE LAST COONEY JR. 10 21 LIAM H. COONEY JR. 10 21 LIAM H. COONEY JR. A GE (INTERDADAS BRIDAN) WHITE O3 31 10 74 YES MARRIED DAY MARRIED COUNTY OF BALLT IMORE CITY BALLT IMORE BALT IMORE BALT IMORE CORBECTION CORBECTION BALT IMORE BALT IMORE BALT IMORE CORBECTOR BALT IMORE BALT IMORE BALT IMORE BALT IMORE BALT IMORE CORBECTOR BALT IMORE BALT IMORE CORBECTOR BALT IMORE BA	ILTAM H. COONEY JR. INTERPOLATE OF BIRTH WARRIED WHITE OB 3 31 10 21 84 INTERPOLATE OF BIRTH WARRIED WHITE OB 3 31 10 21 84 INTERPOLATE OF BIRTH WARRIED WARRIED WARRIED WOODS AND SEVER MARRIED WOODS AND SEVER WARRIED WARRIED WOODS AND SEVER WA

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

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		REGISTRAR			CERTIFICAT	E OF DEATH	REG.	NO.		
	(TYPE	EASED NAME OR PRINT)	ANNIE	MIDDLE	201	ron	10 3	1119	84 YEAR	3 1
33	3. SEX	Emale	BI,	ser	S. DATE OF BIRT	10 1895	6. AGE (IN YEARS LAST	SIRTHDAY) YRS.	FUNDER I YEAR	HOURS
1	7a. BIF	OUNTRY REGIN		OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
19	-	ALTIMO.	RE NOT IN	DF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET A CHA	GHOME OR OTH DDRESS) CIES GO	EN. NOSP.	120 USUAL OCCUP	TOF WORKING LIFE	12b, KIND C INDUSTRY	F BUSINES
35	130. S	TATE ARYLAND	ISING HOME OR OTHER INSTITUT	ON. GIVE RESIDENCE BEFORE	N . 0134 I	NSIDE CITY LIMITS?	130. STREET ADDRESS	STIL MA	LL Rd.	212
ocamo OC	5	THER'S NAME XICHA.	NNA MIDDLE	KEYS	500	CUER'S MAIDEN NA	WIDOLE	DAI	VK5	51
medicol		AS DECEASED EVE ES NO OR UNKNOWN)	RIN U.S. ARMED FORCES			HERINE	4 4	6 16.	18 CU	1000
ony injury, or other froum	ATION	Conditions, if on gave rise to in couse (o), statunderlying couse PART 2 OTHER SIGNATURE OF OPER	which mediate mediate in the lost. (c) WIFICANT CONDITIONS WIFICANT CONDITIONS	, OR AS A CONSEQUE	NCE OF EATH BUT NOT I		INAL DISEASE OR CO	20b. IF YES	, WERE FINDIN	NGS USED
8 shows	CERTIFICATION	210. ACCIDENT WAS U		E OF INJURY	210	HOW INJURY OCCUR	YES NO	YE	YING CAUSES S ART I OR PART 2)	NO NO
orked or Item	MEDICAL	OR CONTRIBUTING (# EITHER NOTIFY ME 21d. IN JURY OCCU WHILE NOT NAT WORK AT W	CRED 210 PLAT	P.M. CE OF INJURY STREET FACTORY OFFICE FA		OCATION	CITY OF	TOWN	COUNTY	\$1
f. If Nem 21 is m		saw the decea	(did) (did not) view the bo	19	ond tho			AFF t		
MPORTANI		22d. PHYSICIAN'S N	NAME (TYPE OR PRINT) NJARA		22 e	ADDRESS NON	M USATI MORE,	mo 2	400P:	丁叶
≧	23a B	SURIAL CREMATION	, REMOVAL 23b. DAJE	2-84 A	RBUTUS	MEM. PK	23d. LOCATION BOUTIN	NOEE	°MA	CYLE
/82	24 FU	NERAL DIRECTOR	Phillips	1-721-	27N. N		V 5 1984	RAP REGIO	Bantosacrili	ORE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicia

Anna Collins P8 2481 01 12 2018 31-1-1 production and the second seco THE REPORT OF THE PARTY OF THE AND CHANGE CONTRACTOR OF THE STATE OF THE ST RECEIPED RESERVES LUCY BANKS Same Korner Same American F. Commerce 11-2-84 Postular Nome to Contract to the E. L. D. C. (1992) E. J. C. (1992) E. J. S. (1992) E. J. E. J. E. S. (1992) E. J. E. J. E. S. (1992) E. J. E

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hou retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examines may be

ector, page 3

STATE OF MARYLAND

1	1 - FOR STATE REGISTRAR		H AND MENTACHYGIENE TE OF DEATH						
	I. DECEASED NAME (TYPE OR PRINT) Sylvia	MIDDLE LAST	20. DATE	OF DEATH MONTH DAY	YEAR 26 HOUR				
Ì	3. SEX 4.	RACE S. DATE OF BIR	TH 6. AGE	(IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS				
	PEMALE .	NEGROID June	6,1921	63 YRS.					
7	COUNTRY		NEVER MARRIED	MORE CITY OR COUNTY O	14.				
7	10. CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OT	HER INSTITUTION 120. USU.	AL OCCUPATION	126 MND OF BUSINESS OR				
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY 40501	tal The	PUSCW/FC	INDUSTRY				
4	136. STATE 13b. COUNTY	- Balto, YES	S Ø NO □ 100	S Wedgen	ood P.J.				
4	My father's NAME	Stephenson 15. N	ADA N	1ASON	LAST				
	160. WAS DECEASED EVER IN U.S. ARME (YES. NO OB UNKNOWN) (IF YES, GIVE W		Robert Cot.	TON 1005	wedge wood				
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	III AT A C TATE A	Colon Ca		APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	N CONTRACTOR CONTRACTOR	LINDART LIN						
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 20a. A	UTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?				
	00.00.00.00.00.00	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTE						
	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	22e.1 certify that (f) his hospital saw the deceased alive on above (1) we) (did (did not):	101	of in (my (our) opinion death acco	urred on the date and hour o	ond from the causes stated				
/	Roberd L. Lor	Kien WD	ATTENDING MEDIC PHYSICIAN DIRECT	AL STAFF OR PHYSICIAN	10/1/84				
	Richard LL	220.	Merry Hos	spital					
	230. BURIAL, CHEMATION, REMOVAL	10-6-84 Arbut	us Mem. PK	Balto.	COUNTY STATE				
	74 FUNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	ruges ADDRESS 7- Pr	250. DAJE REC'D. 1	BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE				

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The transfer of the second of The de Stradensey Par 1 25 - DEPARTMENT OF HEALTH AND MENT APHYGTENE

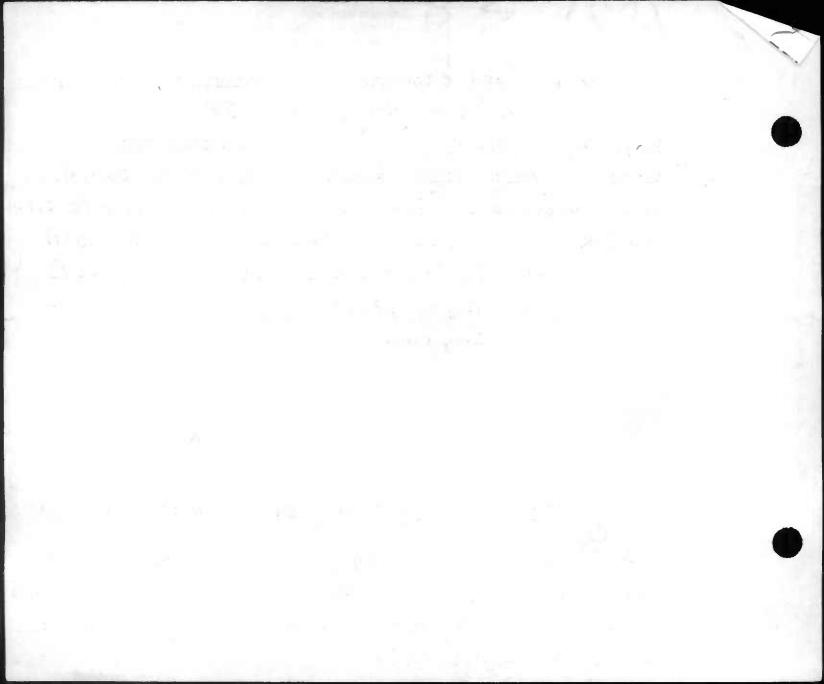
STATE OF MARYLAND

	T - FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.				
	. DECEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MONTH	H DAY YEAR	26 HOUR		
ł	(TYPE OR PRINT) MADLY	N GUY COUT	BOURNE		OCTOBER 20	1984	2 - 25764		
3	3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR			
Ł	Female	White	NOV 6	1926	58	YRS.	HOURS MIN.		
7	BIRTHPLACE (STATE OR FOREIGN QUINTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVE	R MARRIED 9	BALTIMORE CITY OR CO	UNTY OF DEATH	_		
1	VIRGINIA	U.S.A.		DIVORCED [BALTIMORE	CITY	MD.		
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			IN USUAL OCCUPATION		OF BUSINESS OR		
_	BALTIMORE	JOHNS HOPKINS	HOSPITAL		Housewif	e Dwi			
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 131 COUL MACYLAND WILL	NTY - 13c CITY OR TOY		CITY LIMITS? 13	STREET ADDRESS / ZIP	CODEN A	ve 2189		
1	A FATHER'S NAME MAJOR	MIDDLE HAST 2	15 MOTHE	TAZEL	WIDDIE	HACK	ISON		
X.	o WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES)	JRITY NO. 17 INFORM	MANT	ADDRESS	- 0	10		
ł	(YES, NO OR UNKNOWN) (IF YES, GI	- 213-32-7	761 Wm	1 L.COU,	LOURNE	See Jo	2013		
F	18. CAUSE OF DEATH (Enter of	inly one couse per line for (o), (b), or	nd (c).)			APPRO BETWEEN	XIMATE INTERVAL		
ı	PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (0) Respira	tery Awast	-		4m	inutes		
L		DUE TO, OR AS A CONSEQU	ENCE OF				1000		
L	Conditions, if any, which		gh ce s-			/3 (IRS		
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF						
ı	underlying couse lost.	(c)							
ŀ		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINA	AL DISEASE OR CONDITIO	N GIVEN IN PART I	10		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
1	M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	PERATION WAS PERFORMED 200 AUTOPSY?			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
					YES NO	YES 🗌	NO 🗌		
		216. TIME OF INJURY		INJURY OCCURRED	ENTER NATURE OF INJURY IN IT	EM 18 PART (OR PART 2)			
	(IF EITHER, NOTIFY MEDICAL EXAMINE		19						
Т	OR CONTRIBUTING SCAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e PLACE OF INJURY	ZII LOCA STR		CITY OR TOWN	COUNTY	STATE		
ı	AT WORK NOT WHILE AT WORK								
١	22a I certify that (I) this hosp	oital) attended the deceosed from	10/17/84	19_8	. 10 0 20	7 19 84	that (Iv we) ast		
	sow the deceased alive or obove, (I) (we) (did) (did no	ot) view the body ofter death.	, and that in (m	ny) Our opinion dec	th occurred on the date on	d hour and Irom the	couses stated		
	226. SIGNATURE		DEGREE			22c. DATI	SIGNED		
	In Fan		MD		MEDICAL STAFF DIRECTOR PHYSICIAN	× 10/	20/84		
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDR	RESS					
	Marc Feldm	ian, MD	Joh	ins Hopkil	ns Hospital, B	altimore	WO 51502		
2	BUCIAL	10/01/01/1	NAME OF CEMETERY O	PEM PARK	SALISOUNY	WIZOM	vicomo.		
2	BOLAME J POLICE	De Colos LADDRESA	Ma)	25a. DATE R	EC'D. BY REGISTRAR 25V R	EGISTRAR'S SIGNA	TURE		
L	MUKEL LDOONG	1) SHUSDUL	7,1110	OCTO	1 1001				

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon popers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arremoval.

IMPORIANT: If them 21 is marked or them 18 Moy can injury, or other traumatic areas.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director has should be detached for use as the buviol-transit permit. Then please remove corbangopers. Pages I and 2 should be filed within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to buviol, cremation, or removal. Why PORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at once.)
3. SE	I. DE
IRTHP COUNT ITY OIL BAI AT RESTATE AT THE RESTATE A	FOR STA REC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

					CEKITI	ICATE OF DEATH		REG. NO	o. '		
	CEASED NAME	FIRST	MI	DOLE	ι	AST	20. DATE OF	DEATH	MONIH	DAY YEAR	2b HOUR
2 SES		ohn	H		C	OUNTEE	Octo	ber 3	1, 19	984	5:50A
1. 36	male	4. RA	Negi	R-0	S. DATE C		6. AGE (INY	EARS LAST BIRT	YRS_	IF UNDER TYEAR	IF UNDER 24 HI HOURS MI
	RTHPLACE (STATE OR FO	DREIGN 76. CI	U.S.	HAT COUNTRY?	8. MARRIEI WIDOWE	DENEVER MARRIED DIVORCED		RECITY <u>O</u> 1 timo	_	i ty	
	TY OR TOWN OF DEAT Baltimore	TH 11. #	NAME OF HO	OSPITAL, NURSING FACILITY, GIVE STREET A Land Gen	GHOMEC NDDRESS) eral	DR OTHER INSTITUTION Hospital	TYPE OF WORL		F WORKING I		F BUSINESS
130 S		NG HOME OR OTHER		INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY YES NO			2/ 6 . 6 / 20				
6	THER'S NAME FIRST COMPE	MIDDLE	Co	untee 6b. SOCIAL SECUE	RITY NO.	15. MOTHER'S MAIDEN NA FIRST SUSANNA 17. INFORMANT	,	MIDDLE	SS	DAVIS	5
()	YES, NO OR UNKNOWN)	W. W. II	OR DATES)	242.07-	8182	KenneTh	Coun	Tee	20		MAY MATE INTERVAL DISET AND DEAT
NOI	couse (o), stating underlying couse PART 2 OTHER SIGNI	lost.	(c)	as a conseque Pneumonia ntributing to d Tleus (Bov	A DEATH BUT	NOT RELATED TO THE TERM	h Arrh			IVEN IN PART 110	
			196 CONDITION FOR WHICH OPERATION WAS PERFORMED								
TIFICAT	19a. DATE OF OPERATI	1011	196 CONDIT	ION FOR WHICH		/ /	200 AUTO	OPSY?	IN CERT	ES, WERE FINDIN	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTEY MEDICA, 216. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	ERLYING 1 AUSE OF DEATH AL EXAMINER) ED 7 K	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	INJURY . MONTH DA . FINJURY IT, FACTORY, OFFICE, FA	OPERATIO AY YEAR 19 ARM. ETC)	211. HOW INJURY OCCUR	YES TRED (ENTERNA	TURE OF INJUR	IN CERT Y RY IN ITEM 18	IFÝING CAUSES (ES	OF DEATH? NO STATE
	210. ACCIDENT WAS UNDED OR CONTRIBUTING CA (IF EITHER, NOTEY MEDICA 216. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 228. Leertify that USY (sow the deceased obove, Of (we) (di	ERLYING AUSE OF DEATH AL EXAMINER) ED 7 ILE	21b. TIME OF HOUR A.M P.M 21e. PLACE OF STREET	INJURY MONTH DA FINJURY FINJURY deceased from 2 31 19	Y YEAR 19 ARM. ETC) Octob 84 , or	211 LOCATION STREET 211 LOCATION (STREET) 211 LOCATION (STREET) 211 LOCATION (STREET)	YES TRED (ENTER NA	TURE OF INJUR	IN CERT Y RY IN ITEM 18	IFÝING CAUSES (ES	OF DEATH? NO STATE that (we) I causes stated
	210. ACCIDENT WAS UNDED OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA) 21d, INJURY OCCURRE WHIE NOTIFY MORE AT WORK 27e. I certify that (TX sow the deceased above, Of (we) (di 27b. SIGNATURE	ERLYING 1 AUSE OF DEATH AL EXAMINER] ED 1 (this hospital) of dalive on (id) (didixi) view	21b. TIME OF HOUR A.M. P.M. P.A. PIe. PLACE O (AT HOME, STREE Withended the Octobe) withe body of the	INJURY MONTH DA FINJURY FINJURY deceased from 2 31 19	Y YEAR 19 ARM. ETC) Octob 84 , or	211. LOCATION STREET 211 LOCATION STREET DOCT 19 , 19 84 and that in (my) (Ar) opinion DEGREE ATTENDING PHYSICIAN [YES TRED (ENTER NA	CITY OR ION	IN CERT Y IN TEM 18 WN T 31 Inter and ho	IFYING CAUSES (ES	OF DEATH? NO STATE state thot & (we)
	210. ACCIDENT WAS UNDED OR CONTRIBUTING CA (IF EITHER, NOTEY MEDICA 216. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 228. Leertify that USY (sow the deceased obove, Of (we) (di	ERLYING ALL ALL EXAMINER) ED 7 LE	P.M. TIME OF HOUR A.M. P.M. PLACE OF (AT HOME, STREE OF THE HOUSE) WITH THE HOUSE OF THE HOUSE O	INJURY MONTH DA FINJURY FINJURY deceased from 2 31 19	Y YEAR 19 ARM. ETC) Octob 84 , or	211. LOCATION STREET 211 LOCATION STREET 212 19 84 and that in (my) (Mr) opinion DEGREE ATTENDING	YES	CITY OR 101 CTO be d on the do	IN CERT Y YY IN ITEM 18 WN T 31 Ite ond ho	IFÝING CAUSES (ES	OF DEATH? NO STATE that (we) I couses stated

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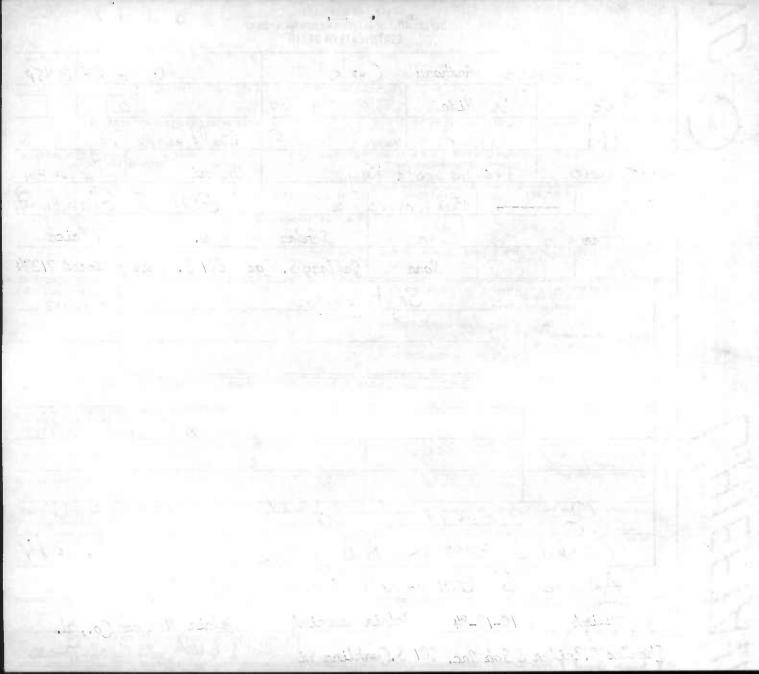
Assurance - a atmosphere - a service

	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fun, and aircroin pages should be detached for use as the buriot-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with 77 hours and received with the Store Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NG #	os th	orke
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4	ATT	ECTC ed fo	m 21
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Leteroined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical examiner must be notified a name
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	To	Of show	MP.

	1-	FOR - STATE REGISTRAR	DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	ENE 2 6	3 Û	1
		CEASED NAME FIRST	es Anthony	Ċ	o X	2a. DATE OF DEATH	10 16	21/ 211/
1	3. SE	* Male	W Hite	5. DATE O		6. AGE IN YEARS LAST BIR	THDAY) IF (UNDER TYEAR IF UNDER 24 HRS
	5	COUNTRY) Md.	CITIZEN OF WHAT COUNTRY?	WIDOWE		Balh &	novo (Ity MD.
31	Be		Trances Scot	ADDRESS) Ke	SOTHER INSTITUTION	TYPE OF WORK FOR MOST O		126. KIND OF BUSINESS OR INDUSTRY 2/224
35	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH	13 SITY OR TOW	nove	13d. INSIDE CITY LIMITS? YES NO 🗆	13e. STREET APORESS	15.	Grundy St.
00		Jeffray MID	Cox		15. MOTHER'S MAIDEN NAM Sandra	D.		& Price
1		VAS DECEASED EVER U.S. ARME YES, NO OR UNKNOWN HE YES, GIVE W			Jeffrey S. C	ox. 601 S.		Street 2/224
	NO.	PART 1. DEATH IENTER ONly CONDITIONS OF THE COND	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	Cerula.	IN AL DISEASE OR CON	DITION GIVEN	4 hours
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211. LOCATION STREET	CITY OR TO		COUNTY STATE
		22a.1 certify that (1) this hospital) sow the deceased live on obove, (1) (ver) (did) (dy not) v 22b. SIGNATURE	iewihe body offer death.	, one	Hat in (our) opinion of EGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	
1		ARCHIE	S. GOLDE		Francis	Scott	Key	
		(SPECHY) Burial			METERY OR CREMATORY Memorial	23d. LOCATION CITY OF TOWN Belair	Harlon	
12	24. FL	harles S. Zeiler	& Soh Inc. 1901	S.Con	kling St	REC'D. BY REGISTRAR	256 RECISTRAL	avidson-Randall

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			DEPART		EALTH AND ME			. NO.		
	(TYPE		FIRST OM	I I	NMI	60	AST		20 DATE OF DEAT	9	DAY YEAR	2b. HOUR
	3. SEX	-enale		Wh	ite	5. DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHGAY)	MONTHS DATS	
		OUNTRY) STATE OR F	OREIGN 7	US/	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	RRIED D	BALTIMORE CIT	mon	C CTY	Ly MD.
3	10. CI	A HIM OU	TH		HOSPITAL, NURSING HEACILITY, GIVE STREET		OR OTHER INSTITU).	NOITU	120 USUAL OCCUP			OF BUSINESS OR
1	13a S	TATE .	13b COUN'		136 CITY OR TOW		7	10 🗆	000	SS/ZIP CO		21201
	14. FA	THER'S NAME	ES "	AIDDLE #	FOOS		15. MOTHER'S M	RUTH	1 Mgo	E .	HUT	ET
		VAS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	212104	1247	DARLEA	E CO	MBERLAN	DRESS 3.26	FAIRFAX	NA 2203
		PART I. DE ATH W	AS CAUSED		line for (o), (b), an	dicill 1	Respir	atoy	Arrest	۷.	APPRO BETWEET	DXMATE INTERVAL N ONSET AND DEATH
		Conditions, if ony, gove rise to imm couse (0), stotin underlying couse	nediate g the	(b)	r as a consequi	-						
	ATION	PART 2 OTHER SIGN	Du	ITAL	Hem Hem	Ato	mA		IN AL DISEASE OR C		GIVEN IN PART 1	
-	CERTIFICATION	6-1-8	1	EP	i Dural	111	naton.	د	YES NO	P IN CER	YES [NO [
1	MEDICAL CE	21s. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDIC	CALEXAMINER)	HOUR A.	M. 6 1	AY YEAR	21c HOW INJU	roun	ED (ENTER NATURE OF	INJURY IN ITEM	i8 Pari i Orpari 2)	
	MED	21d. INJURY OCCURE WHILE NOT WHAT WORK AT WORK	OLE T		REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY C	NWO1 R	COUNTY	STATE
	13	22a.1 certify that (1) saw the decease above, (1) (we) (5	ed alive an_	10-15	-84 19			ur) apinion o	death accurred on the	e date and l		e couses stated
		22b. SIGNATURE	my 2	Vone	_ un)		ENDING YSICIAN	MEDICAL :	STAFF YSICIAN 🔀	6	E SIGNED
1		Herry	/	iren M	.D.		220. ADDRESS	ruth (oreene.	St.	Baltn	noil
		URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CRI		23d LOCATION CITY OR TOW	2 "	P COUNTY_	STATE

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the

24 FUNERAL DIRECTOR

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE

9	6	8	Û	4		
6-				1		

ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.				
1. DECEASED NAME FIRST (TYPE OR PRINT) Blanche		MIDDLE Cole	(Craig	20 DATE OF DEATH	MONTH DAY YEAR	15			
	3 SEX	4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR	IN GLADEN SALIKO			
	Female	White	01	09 1889	95	YRS.	, I TOOKS May			
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE	D NEVER MARRIED	Baltimore city of Baltimor	R COUNTY OF DEATH	41-37			
1	10 CITY OR TOWN OF DEATH		, NURSING HOME C	DROTHER INSTITUTION HOME 2122	9 120 USUAL OCCUPAT	ION 126 KIND	OF BUSINESS OR			
	Baltimore		ton Ave	Balt Md	Reg. Nurse		lic Health			
0	USUAL RESIDENCE (IF NURSING HOME CO. 136. STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d. INSIDE CITY LIMITS	4		to. City			
1	Maryland -		timore	YES 🔀 NO 🗌	349 Park A	venue, 2120	1			
	14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN I	NAME		AST			
-	William		ole	Suzanna			gler			
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOC VE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDR	Owings Mi				
	No	220	-44-1644	Hugh F. Co	le 328 Garr	ison Forest	Road			
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING		ING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED			
Н	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		11. HOW INTURY OCC	YES NO URRED (ENTER NATURE OF INJU	YES 🗌				
	OR CONTRIBUTING CHIEF OF N	TATH HOUR A.M. MO	NTH DAY YEAR	210 NOW INSORT OCC	ORRED (ENTER NATURE OF INJU	RT IN HEM 18, PART I ORPARI 2)				
	GRECONTRIBUTING CAUSE OF DIT (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	VN COUNTY	STATE						
	220. certify that (I) (this hasp sow the deceased alive o above, (I) (we) (did) (did a 22b, SGNATURE	1 . 107	19 <u>84</u> or	nd that in (my) (our) opinion	8 , to 10 = on death occurred on the d		that (I) (we) lost e causes stated			
-	227 PHYSICIAN'S NAME (TYPE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 1228 ADDRESS								
	Laurence R.		D.	The state of	Medical Cen	tor	100			
	230. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR		COUNTY	STATE			
	Burial	10-20-84	New	Cathedra1	Baltimor	e City Ma	ryland			
	24 FUNERAL DIRECTOR NAME Hubbard Funeral		obress 107 Wilke	122)	CT 1 9 1984	216 REGISTRAR'S SIGN	Parker :			

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the haspital

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VR A 15 (4))

STATE OF MARYLAND

1 - STATE REGISTRAR				CERTIF	CATE OF	DEATH		G. NO		16	
1. DECEASED NAME (TYPE OR PRINT)	FIRST		IDDLE	17	AST		20 DATE OF DEAT	Н монтн	DAY	YEAR	26 HOUR
	RICHARD		C.		AIG			10	21	84	٨
3. SEX	4. R	ACE		5. DATE O		YEAR	& AGE IN YEARS LA	ST BIRTHDAY)	MONTHS	R I YEAR	IF UNDER 24 HRS
Male		White		8	6	31	53	YRS			
a BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF W	VHAT COUNTRY?	MARRIED	NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUN	TY OF DE	ATH	
Mary		U.S.		WIDOWE		NORCED		o. Cit	У		MD
Balto.		3612	OSPITAL, NURSIN FACILITY, GIVE STREET West Ba	ADDRESS) LY Ave		NOITUTIT	120 USUAL OCCU	OST OF WORKING	LIFE IND	VITTIL	market
USUAL RESIDENCE (IF P 130. STATE Md.	136 COUNTY		136. CITY OR TOW Balto.		13d INSIDE C	ITY LIMITS?	13e STREET ADDRI 3612 W	ss West Ba	y Ave	e.	21225
14 FATHER'S NAME FIRST Edward	MIDD	LE	LAST Craig			s MAIDEN NA FIRST Hattie				rrv	r
(YES, NO OR UNKNOWN)	ER IN U.S. ARMED	R OR DATES)	217-26-6		17 INFORMA				aryla	and	21230 Balto
on strund€, g co	immediate oring the use lost	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE RYERLO NTRIBUTING TO I	ENCE OF SCLE	ARTO	s.	IN FARC	ION	GIVEN IN F	PART 1:c	
19a DATE OF OPE	DIABETES MELLITUS 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED										
RTIFIC		7,6: 00: 10:1		OT EMATIO	THOTENTO	JAMED .	YES NO	IN CER			OF DEATH?
21d, ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 21d INJURY OCC	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M 21e PLACE O	N. MONTH DA	AY YEAR	211 LOCATI		RED (ENTER NATURE OF	INJURY IN ITEM T	8. PART 1 OR	PART 2)	
WHILE IN NO	WHILE WORK		ET, FACTORY OFFICE, F		STREE		City	PWOTE	co	UNTY	STATE
sow the dece	(1) (this hospital) osed afive on) (eld) (did not) vie	10-8	19.8	2. 4.	-24 d that in (my)	19 opinion	deoth occurred on t	e dote and h	- '/	rom the	that (I) (we) lost couses stated
226. SIGNATURE	D. No	tara	ugelo				MEDICAL DIRECTOR PH	STAFF YSICIAN [SIGNED 4 - 84
JOSE	PH D,	NOTA	RANG	Mals	D. 3		PAUL PO	ACE	-BA	LTI	NONE

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 10/25/84 Burial 24 FUNERAL DIRECTOR George J

236 DATE

Cem. Prospect Hill

Virginia

Cem. Front Royal Vi Com. Front Royal Vi 2001 25 1984 Gonce 4001 Ritchie Hgwy Balto Md is Davidson-Randelle

damp, detect. . The deputation

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2	6	8	1	1
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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
	1. DECEASED NAME FIRST (TYPE OR PRINT) Frank	MIDDLE Harris		aten	20 DATE OF DEATH October	20. 198	YEAR	76 HOUR
)	3 SEX Male	4. RACE White	5 DATE C		6. AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	78. BIRTHPLACE (STATE OR FOREIGN MATTILAND	76. CITIZEN OF WHAT COUN	ITPUO A	D NEVER MARRIED	9 BALTIMORE CITY OF Baltimore	COUNTY OF	DEATH	MD
	10 CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 1510 Rambles	wood Roa		120 USUAL OCCUPATION OF CLERK		26. KIND O NDUSTRY	Gov't
)	USUAL RESIDENCE THE NURSING HOME O			13d. INSIDE CITY LIMITS? YES NO	130 SPEEL ODDRESS Rami	lewood	Rd	21239
0	14 FATHER'S NAME FIRST George Jo	hiodie LAS		15 MOTHER'S MAIDEN NA FIRST Mary	ME MIDDLE (NMN)		Alec	
	160 WAS DECEASED EVER IN U.S. AF 1485. PUNKNOWN) 18 4ES. GI		1 SECURITY NO. 66-9874	Mr George J	Craten San		13e	MATE INTERVAL ONSET AND DEATH
	Canditians, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19s. DATE OF OPERATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTION 199 CONDITION FOR W	SEQUENCE OF		IINAL DISEASE OR COND	20b. IF YES, WI		
7	DI#IC		VHICH OPERATIO		YES NO	IN CERTIFYING	G CAUSES]	
	TION ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	ATH HOUR A.M. MONTH	19	21c HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
	220.1 certify that (1) this hosp sow the deceosed olive or above, (1) we) (did) (did no	16 1(")	19 34	nd that in (our) opinian	death occurred on the da		d from the	
	22b. SIGNATURE	neshtt #			MEDICAL STAF	F IAN 🗍	10 /	SIGNED 184
		Nesbitt, III			ersity Parkw	гац		
	23a BURIAL, CREMATION, REMOVAL (SPE BUrial	23b. DATE 10/23/84		emetery or crematory Orothodox	23d LOCATION Baltimor	e, Mari	land	STATE

DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR

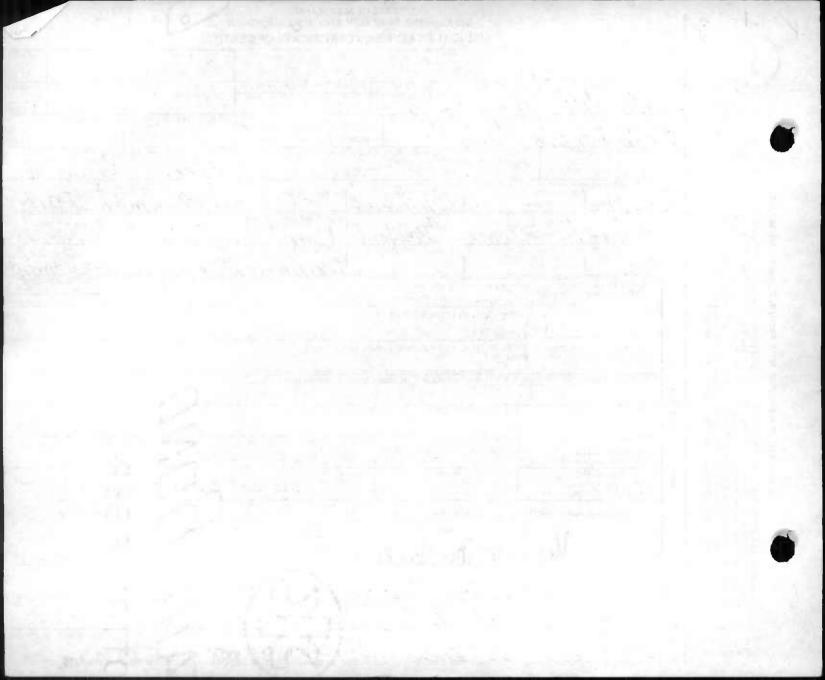
should be detoched for use os the with the State Dept. of Health ond IMPORTANT: If them 21 is morked

Leonard J. Ruck, Inc. 5305 Harford 21214

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ICT 24 1984 Fulia Tavidson Randal

the second of th Burial Introduction Crook Lother Land to the second of the contract of the cont



S	TATE	OF	MARY	LANE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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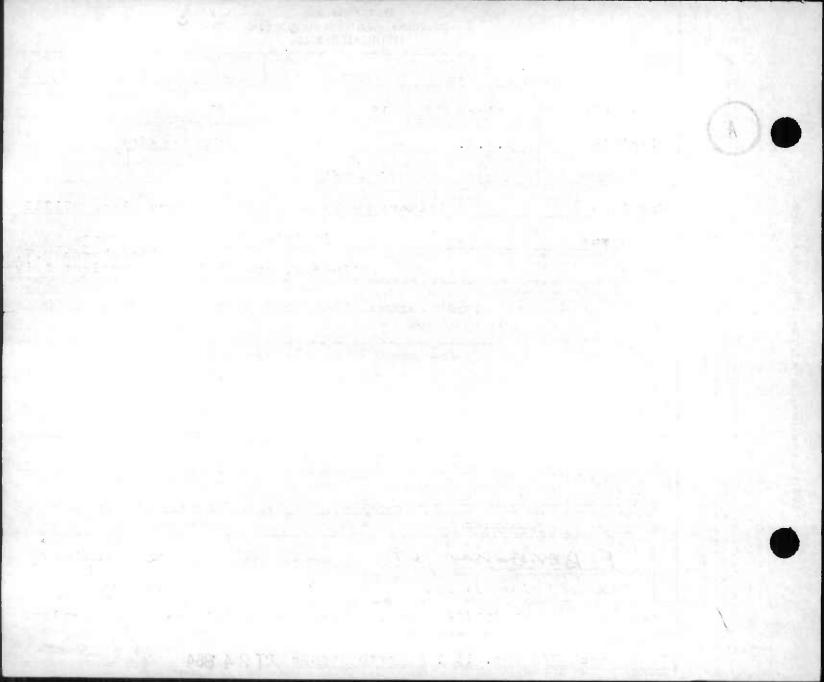
	REGISTRAR				CERTIT	ICATE OF DEATH	REG.	NO.	(C)	
	CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR
(145F	OR PRINT)	Floren	ice	Ray	C	RAWLEY	October	23.	1984	12:48
3. SE	х		RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST)		MONTHS DAYS	IF UNDER 24 H
	Female		B1:	ack	12	6 16	67	YRS		HOURS M
7a B1	RTHPLACE (STATE OR	FOREIGN 7b.		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
	irginia	888	U.S.	Α.	WIDOWE		Baltim	ore C	itu	
10 C	ITY OR TOWN OF DE.	ATH 11.	NAME OF			OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS
	Baltimore			yland Gen		Hospital	(TITE OF WORK TOR MOS	OI WORKING	, inc) Indodsiki	
USU/	AL RESIDENCE (IF NUR	SING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13ª STREET ADDRESS	7 7 IP CO	nDE .	
	aryland	130. COOK		Baltim		YES X NO	500 San			2121
14 FA	ATHER'S NAME	MIDS	DIE	LAST		15 MOTHER'S MAIDEN NA	ME		14	151
	Beamus	mot	ott.	Ray		Virginia	1,		Evai	ns
	WAS DECEASED EVER	IN U.S. ARMEI		16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESSP 1	attsbu	rgh, N.
	NO	(IF 163, GIVE WA	W OK DVIES)	- April 1		Oliver J.Ra	ay 7404	E.Co	nnecti	cut Dr
	14 CAUSE OF DEAT PART I, DEATH V			line for (o), (b), and	d (c+.)				BETWEEN	MATE INTERVAL
NO	PART 2. OTHER SIG	NIFICANT COM	NDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION (GIVEN IN PART 1	10
CAT	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF	YES, WERE FIND	S OF DEATH?
RTIFICAT					OPERATIO		YES NO	IN CER	TIFYING CAUSE YES [INGS USED S OF DEATH? NO
A CERTIFICATION	21a. ACCIDENT WAS UN	DERLYING CAUSE OF DEATH	21b. TIME C	DE INJURY .M. MONTH DA	AY YEAR	N WAS PERFORMED	YES NO	IN CER	TIFYING CAUSE YES [S OF DEATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	21b. TIME C HOUR A	DF INJURY .m. month da .m.		21c. HOW INJURY OCCUR	YES NO	IN CER	TIFYING CAUSE YES [] 8 PART I OR PART 2)	S OF DEATH?
MEDICAL CERTIFICATI	21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d. IN JURY OCCUR	CAUSE OF DEATH HEAL EXAMINER	21b. TIME C HOUR A P 21e. PLACE	DE INJURY .M. MONTH DA	AY YEAR		YES NO	JURY IN ITEM I	TIFYING CAUSE YES [S OF DEATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING (# EITHER, NOT#Y MED 21d. INJURY OCCUR WHILE WHILE AT WORK AT WORK	CAUSE OF DEATH HICAL EXAMINERS RED	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC.)	211. LOCATION STREET	YES NOTICE OF IN	JURY IN ITEM I	TIFYING CAUSE YES 18 PART OR PART 2) COUNTY	S OF DEATH? NO
	21a. ACCIDENT WAS UNOR CONTRIBUTING (IF EITHER, NOTEY MED 21d. INJURY OCCUR WHILE NOTE AT WORK AT WO 22a. I certify that \$\frac{1}{2}\$ sow the decep-	CAUSE OF DEATH HICAL EXAMINER) PRED HILE H	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM. ETC) Octo	21c. HOW INJURY OCCUR 211. LOCATION STREET	YES NOW NATURE OF IN CITY OR	JURY IN ITEM I	TIFYING CAUSE YES B PART I OR PART ?) COUNTY	S OF DEATH? NO STATE that XXwe)
	21a. ACCIDENT WAS UNOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	CAUSE OF DEATH HICAL EXAMINER) PRED HILE H	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM. ETC) Octo	211. LOCATION STREET Der 20 , 19 8	YES NOW NATURE OF IN CITY OR	JURY IN ITEM I	COUNTY 2 19 84 TOUT ON ION ION ION	S OF DEATH? NO STATE that XXwe)
	21a. ACCIDENT WAS UNOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN TO COLUMN CONTRIBUTION CONT	CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospital) (did MKV	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST ottended it Octob	OF INJURY .M. MONTH DA .M. OF INJURY REEL, FACTORY, OFFICE, F offer deoth. 19 offer deoth.	AY YEAR 19 ARM.ETC) OCTO	21r. HOW INJURY OCCUR 211. LOCATION STREET Der 20, 19 & and that in (mg) (our) opinion DEGREE	YES NOW RED (ENTER NATURE OF IN CITY OR death accurred on the	JURY IN ITEM I	COUNTY 2 19 84 TOUT ON ION ION ION	STATE . that XXwe)
	21a. ACCIDENT WAS UNOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COLUMN TO COLUMN CONTRIBUTION CONT	CAUSE OF DEATH ICAL EXAMINER) IRED HILE (this hospital) sed olive on did) (did por v	21b. TIME C HOUR A P 21e. PLACE (AF HOME. ST ottended th Octob iew the body	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM.ETC) OCTO	21r. HOW INJURY OCCUR 211. LOCATION STREET Der 20, 19 & and that in (mg) (our) opinion DEGREE	YES NOTICE OF IN CITY OR DELL'S A TO OCTO death occurred on the	JURY IN ITEM I	COUNTY 2 19 84 TOUT ON ION ION ION	STATE . that XXwe)
	21a. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER, NOTEY MED 21d. INJURY OCCUR WHILE NOTE AT WORK AT W. 22a. I certify that M sow the deceo- above, M (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	CAUSE OF DEATH ICAL EXAMINER) IRED HILE (this hospital) sed olive on did) (did book v	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST Octobeliew the body	OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F the deceosed from or 23 19 rotter death.	AY YEAR 19 ARM.ETC) OCTO	21c. HOW INJURY OCCUR 211. LOCATION STREET DET 20, 19 & and that in (mg) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NOW RED (ENTER NATURE OF IN CITY OR death accurred on the	IN CER JURY IN ITEM I TOWN Der 2 dote and h AFF	COUNTY 3 19 84 Tour and from the	STATE that XXwe) e couses stated
MEDICAL	21a. ACCIDENT WAS UNOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT CONTRIBUTION CO	CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospitol) did) (did WKV) AME (TYPE OR PR	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST Octob iew the body	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F office deceased from er 23 19 office death.	AY YEAR 19 ARM.ETC) Octo	21c HOW INJURY OCCUR 21l. LOCATION STREET Der 20 19 8 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS C/O Mary	YES NOTER NATURE OF IN CITY OR Death accurred on the DIRECTOR PHYS	IN CER JURY IN ITEM I TOWN Der 2 dote and h AFF	COUNTY 219 84 Tour and from the spital	S OF DEATH? NO
MEDICAL	21a. ACCIDENT WAS UN OR CONTRIBUTING IF EITHER, NOTEY MED 21d. INJURY OCCUR WHILE NOTE AT WORK AT W. 22a. I certify that M sow the deceo- above, M (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospitol) did) (did WKV) AME (TYPE OR PR	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST Octobeliew the body	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F office deceased from er 23 19 office death.	AY YEAR 19 ARM. ETC) Octo	21c. HOW INJURY OCCUR 211. LOCATION STREET DET 20, 19 & and that in (mg) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NOTIFIED (ENTER NATURE OF IN CITY OR ACTO death occurred on the DIRECTOR PHYS)	IN CERT TOWN TOWN AFF SICIAN A AFF AFF AIL HO	COUNTY 219 84 Tour and from the spital	STATE that XXwe)
WEDICAL 23e	21a. ACCIDENT WAS UN OR CONTRIBUTING (IS EITHER, NOTSY MED 21d. INJURY OCCUR WHATE NOT WAT AT WORK 22a.] certify that the deceo- above, Mr (we) (22b. SIGNATURE 22d. PHYSICIAN'S N Florer. BURIAL, CREMATION	CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospitol) did) (did WKV) AME (TYPE OR PR	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST Octob iew the body	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F office deceased from er 23 19 office death.	AY YEAR 19 ARM. ETC) Octo	21c. HOW INJURY OCCUR 21l. LOCATION STREET Der 20 19 8 and that in (ng) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS C/O Mary AUDURN Cem	YES NOTE NATURE OF INCIDENTAL PROPERTY OF MEDICAL DIRECTOR PHYSIA DIRECTOR 1234 LOCATION 1234 LOCATI	ber 2 dote and h AFF all Ho re,	COUNTY 219 84 1000 ond from the county Maintenance of the county of the coun	sof DEATH? NO state that XXwe) couses stated E SIGNED 23 / 30 ary 1 20
23a 24 F	21d. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTEY MED 21d. INJURY OCCUR WHITE NOTE NOTE AT WORK 22d. I certify that M sow the deceo- above, M (we) (27b. SIGNATURE 22d. PHYSICIAN'S N Florer. BURIAL, CREMATION BURIAL, CREMATION BURIAL DIRECTOR NAME	CAUSE OF DEATH ICAL EXAMINER) RED HILE (this hospital) sed olive on did) (did MKV AME (TYPE OR PR ICCE DAVI , REMOVAL	21b. TIME CHOUR A P 21e. PLACE (AT HOME. ST Octonded It Octob iew the body idovsk 23b. DATE 10/2	OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F are deceosed from ar 23 19 rotter death. 7/84 Mc ADDRESS	ARM. ETC) Octo Octo	21c. HOW INJURY OCCUR 21l. LOCATION STREET Der 20 19 8 and that in (ng) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS C/O Mary AUDURN Cem	YES NOTE RED (ENTER NATURE OF IN CITY OR DETAIL OF THE NATURE OF IN CITY OR DETAIL OF THE NATURE OF IN CITY OR DETAIL OF THE NATURE OF IN CITY OF THE NATURE	ber 2 dote and h AFF all Ho re,	COUNTY 3 19 84 TOUR ON THE PROPERTY OF PARTY O	STAT that XX we) e couses state E SIGNED 23/34 AT Y 1 'a't

DHMH - 16 50M 4/83 (VRA 15, 4)

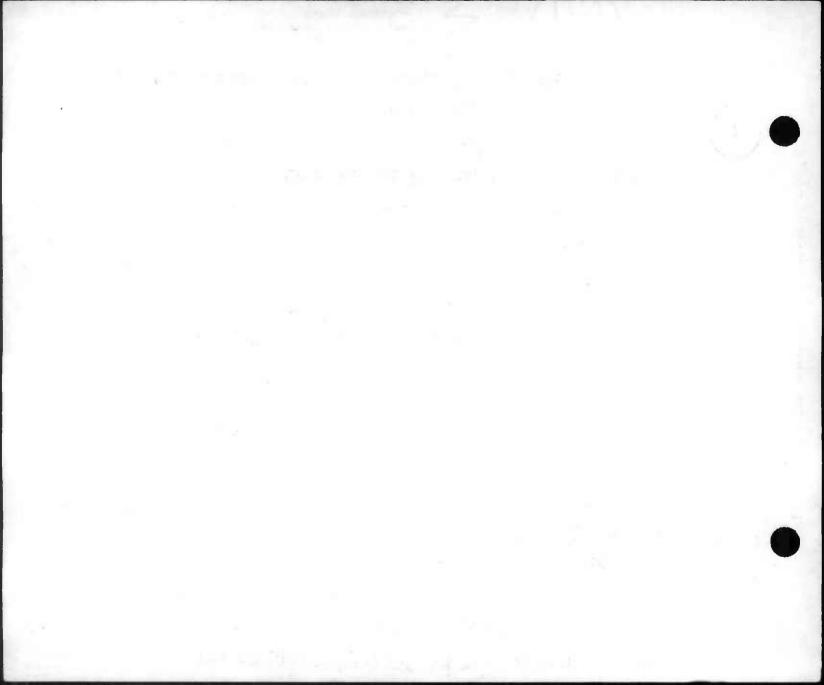
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.



	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 2 6	3 4
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	10.110011
noy be poge 3 r deoth	,,,,,	BAB	Y BOY ROO	GERS CREW	October 21	
ge 4 moy	3. SE	male	white	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	CITY MD.
s offer a	ν.	LTIMORE	1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
AND 212	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 186 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VILLE YES NO	7323 Oa	CK STREET
ecuted within	A FA	Charles	A. Crew	Jr. Nother's MAIDEN Vale	rie L.	Rogers
be executed on ond or s. Poge			MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT Valent	2 Rogers 5	ykewille, MD
ocrificate be certificate be bon popers r removol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	oly one couse per fine for (a), (b), on D BY: TE CAUSE (a) Card O	ulmonary a	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 minutes
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and completely lifed in by as the buriol-transit permit. Then please remove carbon papers Page 1 and 2 that the not Amental Hygiene prior to buriol, cremation, or removal. Orked or from 18 shows any injury, or other traumatic event, the medical certification.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	nt pulmohan	hypertensio	n 32 hours
e low requires n. n. nos been signer permit. Then plume prior to buring one ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED SERTIFYING CAUSES OF DEATH? YES \(\text{NO } \t
SION OF VITAL RE PHYSICIAN: The Ic ending physicion. This certificate hos the buriol-transit per dickental Hygene dor Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		CURRED (ENTER NATURE OF INJURY IN THE	M 18 PART I ORPART ?)
DIVISION OF PHYSICI After this cert as the buriol of the or the buriol or the differ or the purior or the proceed or the procedor or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NTTEND spirol o spirol o for use of Heo		sow the deceased alive on	october 2 1 19	ond that in (my) (our) opi	nion death occurred on the date an	
SPITAL OR A J by the hosy NERAL DIREC be detoched e Store Dept.		TOPO I	Me Closkey	DEGREE ATTENDIN PHYSICIA		
TO HOSPITAL TO FUNERAL should be dete		John Joseph	McCloskey,	M. D. Johns Hapk	ins Housestaff Loung	e, Batto, Md. 21205
BP		BURIAL, CREMATION, REMOVAL	10/23/84 L	NAME OF CEMETERY OF CREMATO	Eldersbu	ing Carroll MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	HOARLIA)	Haicht Su	KASIRIJO MD C	OCT 2 4 1984	a Landson Rands 12



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tumeral disharded be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

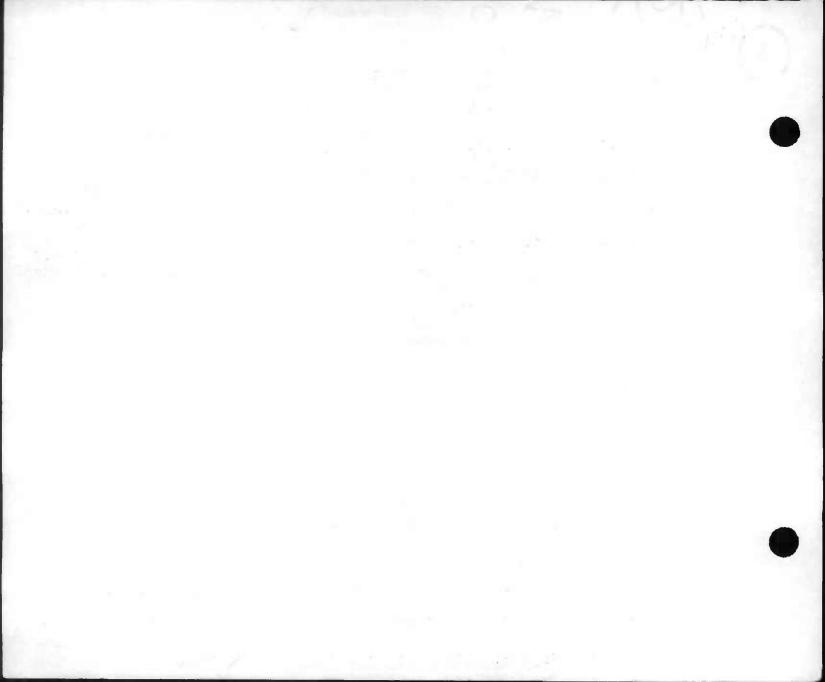
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND

١	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTADI	HYGIENE	2.0				
ı	1 DEC	EASED NAME FIRST		MIDDLE	L.	AST	20 D	ATE OF DEATH		DAY YEAR	2b HOUI	R
	{ IYPE	OR PRINT) DODEDT	NELSON		ROMWELI	a n	1	10		84	1:42	
١	Re	V .	4. RACE	V Cr	5. DATE O	DIC.	4 AG	E (IN YEARS LAST BIR		IF UNDER I YEAR		775
	3. SEX		4. RACE		MONTH		e AC	E (MATEMAS ENS) OM	INDAT,	MONTHS DAYS		MIN.
ı		Male		ack	3	4 15		68	YRS.			
d		OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	? 8. MARRIEI	NEVER MARRIED		LTIMORE CITY O		OF DEATH		
		ryland	U.S.	Α.	WIDOWE		□ BA	LTIMORE,	CITY			MD.
1	10. CI1	TY OR TOWN OF DEATH				R OTHER INSTITUTION		JSUAL OCCUPATI			OF BUSINE	SSOR
9	Ba	ltimore	VAMC, E	H FACILITY GIVE STREET	MARY	/LAND	(1176	OF WORK FOR MOST C	1 WORKING EN	TET IINDOSTK		
1	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)					- 2	21201	
	130. S		117	13c. CITY OR TOV		13d. INSIDE CITY LIMITS		TREET ADDRESS		L		to T/
1		THER'S NAME		Baltim	lore	YES NO 15. MOTHER'S MAIDEN		27 N.	satne	arai	St.A	pt.K
e	IN FA	FIRST	MIDDLE	LAST		FIRST		MIDDLE		t	AST	
d			Ε.	Cromwe		Elizabe	eth					
1		/AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SEC		17. INFORMANT		ADDRE			Apt	
1	Y	ES		144-07	-3089	Robert (Cromw	rell, J:	r.102	27 N.C	athe	dral
1		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), a	nd (c).)					APPRO BETWEET	DXIMATE INTER	VAL
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Cardio		sonery alex	est					
ı		IMMEDIAI		2010010	7							
1		6 52 3	DUE TO, O	R AS A CONSEQU	JENCE OF	Luc con	000					
1		Conditions, if any, which gave rise to immediate	(p)_	rucja i	unic i	my care	LEAD			_		
1		cause (a), stating the underlying cause last.	DUE TO, O	r as a consequ	JENCE OF	V				1		
1		onderlying cause loss.	((c)									
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE T	TERMINAL [DISEASE OR CON	DITION GIV	VEN IN PART	110	
	Ó											
	CAI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200	a AUTOPSY?		S, WERE FIND		
1	Ŧ						YE	S NO		ES 🗌	NO [
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			NAM WE 1 =	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DEA	NIN .	M. MONTH D	DAY YEAR							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE	M. OF INJURY	17	211 LOCATION						
1	ME			REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	WN	(OUNIY	SI	TATE
		AT WORK AT WORK			0/24	184		10-6		1984	. 2525	
1		22a 1 certify that X1) (this haspi	10-6-	e deceased fram,		nd that in (Xxy) (our) opin			4		, thatXX(v	
1		saw the deceased alive on above XI) (we) (did) XXIII	view the body	ofter death.			nion death	accurred an the d	are and not			ted
		226, 81GNATURE				DEGREE		DIG.1. CT.	e.c	22c. DA1	TE SIGNED	
1		1 Daray	ch			ATTENDIN PHYSICIA	N DIRI	DICAL STA ECTOR PHYSIC				
		224 PHYSICIAN'S NAME (TYPE	R PRINT)			22e ADDRESS						
		VA BADD	ITCH			3900 LOCH	RAVE	N BLVD.	BALTO	. MD. 2	21218	
-	23n B	URIAL, CREMATION, REMOVAL	23b. DATE	122,	NAME OF C	EMETERY OR CREMATO		d LOCATION				
į		TRIAL				on Forest		CITY OF TOWN	M:11	COUNTY	Md	TATE
			10/1	0,04 68	11112			D. BY REGISTRAR	Y			
		INERAL DIRECTOR		ADDRESS				Q 40QA	CHIMAN	Davidson	- Mandel	2
	Wn	n C March F/H	Inc.	1101 E	Nort!	h Avenue	OCT 8) 13UH	1		•	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ł	FOR - STATE			EALTH AND MENTAL HYGH	ENE 2 0	O I	
L	REGISTRAR AKA I	ROBERT JAMES		ICATE OF DEATH	REG. NO.		W
	. DECEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH M	ONTH DAY	YEAR 26 HOUR
ı	JAMES	ROBERT	CRI	JISE .	1	0 19	84 148 M
3	3. SEX	4 RACE	5. DATE C		6 AGE LIN YEARS LAST BIRTH	DAY) IF UNDER	EAYS HOURS MIN.
l	MALE	WHITE	MONTH	21 YEAR 10	74	YRS	DATS HOURS MIN.
1	O BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DE	ATH
1	Virginia	U.S.A.	WIDOWE		SAltim	ire Cit	Y MD.
	BALLIMORE /	11. NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE NIVERSITY		word Hospital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Produce In	VORKING LIFET IND	kind of BUSINESS OR USTRY Pride
	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 134, COUNTY A.A.	13c. CITY OR		13d. INSIDE CITY LIMITS? YES 1/2 NO 🛣	13e STREET ADDRESS / 17879 Tall	ZIP CODE	21061 . Apt C
1	4 FATHER'S NAME	MIDDLE	T.	15. MOTHER'S MAIDEN NAM	MIDDLE		1457 4
1	James		ruise	Mary		- 0	Clifton
T			SECURITY NO.	17. INFORMANT	ADDRES	2122	9
L	Tes no or unknown) I I F YES GIV	II 217-0	1-5552	Mary Schneid	er 5105 Wil:	liston S	t. Apt. 1
ſ	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause per line far (a), (bi, and ici			0	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
1		TE CAUSE (a) KCNA!	recitore				7 days
	Conditions, if any, which gave rise to immediate cause lat, stating the underlying couse last	DUE TO, OR AS A CONS	SEQUENCE OF	Infartion to Disease			7 days
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		ELENY DIE	NAL DISEASE OR CONDI	TION GIVEN IN F	PART IIa
1	190 DATE OF OPERATION 10 4 44 210. ACCIDENT WAS UNDERLYING CAUSE OF DE.	HOUR A.M. MONTH	ARTER DAY YEAR	1	YES NO	IN CERTIFYING C	FINDINGS USED AUSES OF DEATH? NO
	UF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	19 IFFICE, FARM, ETC 1	211. LOCATION STREET	CITY OR TOWI	4 COI	JNIY STATE
	220.1 certify that (1) (this haspi sow the deceosed alive on abave, (1) (we) (did) (did no	10/180	711	nd that in (my) (our) opinion d	, to 10/15 eath occurred on the date	. 19	am the causes stated
	22b. SIGNATURE	Date		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		10/15/84
	JAMES C	SANCY (UNIVERSITY	of MARY	prod H	ospit Al
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY Hill Cemetery	Brooklyn	Pk. A.	A. Maryland
1	Burial	10/17/84		ISC. DATE			
	24 FUNERAL DIRECTOR		WE 32	229	REC'D. BY REGISTRAR 25	B. REGISTRAR'S	SIGNATURE
4	Hubbard Funeral 1	dome, Inc. 410)/ Wilker	is Ave.	1 1 1 1304	Imma Proportion	

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 shauld be filed within 72 hours afterdeath with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

by injury, ar other troumotic event, the

IMPORTANT: If hem 21 is morked at them to short an

Pege 4 moy

executed within 24 hours after death.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

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executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

BP.

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYDENE

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	1-	STATE REGISTRAR		CERTIF	CATE OF DEAT	H	REG. NO.			
		CEASED NAME FIRST	GRA	CR	UMP	20	DATE OF DEATH MO	. 11	84	26 HOUR 647pm
	3. SEX	F	RACE	5. DATE O	F BIRTH	6.4	AGE (IN YEARS LAST BIRTHDA	YRS.	NDER EYEAR	IF UNDER 24 HRS. HOURS MIN.
1		USA	CITIZEN OF WHAT CO	WIDOWE	NEVER MARRI	ED D	BALTIMORE CITY OR C	CUNTY OF		MD.
2	8	cattimore	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	JAI HOS	_	MORE	I USUAL OCCUPATION YPE OF WORK FOR MOST OF WO RETURN	ORKING LIFE)	INDUSTRY	F BUSINESS OR
	USUA 13a S		TY 13c. CITY	NCE BEFORE ADMISSION) OR TOWN THURSE	13d. INSIDE CITY LIA	MITS? 13e	STREET ADDRESS (ZI	ogles	ibe A	ne.
	14. FA	THER'S NAME FIRST CLOSE WO	shingt out	is burgton		05A	STREET ADDRESS ZZI	Wa	shin	igton?
			war or dates) 0 242-	24-1628	Ora L Ve		ADDRESS 3301 Ingles		re. 21	1215
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: On a	al fa	ilure				BETWEEN O	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CO	tension	psis (In	fecti	ōn)		yca Wk	S
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	Sleadings 196 CONDITIONS	Obesit				b. IF YES, W	ERE FINDI	
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON P.M.	NTH DAY YEAR	21c HOW INJURY		YES NO (ENTER NATURE OF INJURY IN	YES [NO []
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	Y	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a I certify that (I) (this hospital spw the deceased alive on a above, (I) (we) (did) (did not)	Attention Oct 11	h. 19 94 , or	d that in (my) (our)	54 opinion deot	th occurred on the date	ond hour or	d from the	
		226. SIGNATURE 226. PHYSICIAN'S NAME LIVE OR	MP 91.	37	DEGREE ATTEN PHYSI 122e. ADDRESS	DING A	MEDICAL STAFF MRECTOR PHYSICIAN	10/	OCT DATE	r/11/84
		FRANCIS I	4 CABAN) MS	SINA	i H	osf. Ba	(tim	orl	
	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10/11/84	King Me			Baltimore	DECKTDA	VC CICALAT	STATE
	74 FU	INERAL DIRECTOR	/ (11 7 1 7	ADDRESS			C 400 A	David	501 - Ra	ndelle

DHMH - 16 50M 4/83 (VRA 15, 4)

Law Funeral Home 4611 Park Heights Ave.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

w.th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exam

must be notified

945 CROMP IS IS IN STREET 493 4014 62 67 14 6 70 61 A SULL A Participate Simple Head Participation of the SHE STREET, STATE OF Create Washington Rose Rose Rough Land (morable diese passe Barrery Discharge Chart The same of the sa FRANCIS A CARBALATE SCIENT SEEL PERSONAL

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

AFIF

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6

1-	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CE	RTIFICATE	OF DEAT	H REC	. NO.		
	CEASED NAME	FIRST		WIDDLE	LA	ST	20	DATE KNOW		DAY YEAR	2h. HOUR
(111	E OR PRINT!	Norma	n	Sue1	Cul	len		OF ESTI-	0 0	-1 1984	M
3. SE)	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE	EARS IF UND	R 1 YR. IF UNDE	ER 24 HRS. 20		MONTH	DAY YEAR	2d HOUR
ma	ale	black	12 23	09 74 Y		DAYS HOURS	MIN PR	DEAD	10	-1 1984	9:12 a. M
	RTHPLACE (ST	ATE OR	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MAR	RRIED - 9.	BALTIMORE CI	TY OR COUNT	TY OF DEATH	
	Maryla		U.S.	Α.	WIDOWED	DIVOR		Baltimo		,	MD.
]	my or Town o Baltimo	re	901 E.	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) 25th St.,	5A	INSTITUTION		L OCCUPATION STOF WORKING LIFE		12b. KIND OF B OR INDUS	
USUA	AL RESIDENCE	IF IN NURSING HOME OR		RESIDENCE BEFORE ADMISSI		d. INSIDE CITY LIMITS?	La cyper				
	arylan	- 1		Baltimo		YES X NO		East	25th S	Street2	1218
14. F/	ATHER'S NAME				1.	MOTHER'S MAI					
	Lewis			Cullen		Annie		Bell Bell		Bailey	7
16a. V	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT	Y NO. 17	INFORMANT		ADDI	RESS		
	NO	(11 123, 0112 11	N. O. DR. ES	156-07-3	3791	Octavia	Cul1	en 401	East	25th S	it.
MEDICAL CERTIFICATION	Condition gove ris cause (a) lying cau PART 2 OTHER SM	ATH WAS CAUSED IMMEDIATE is, if any, which to immediate stating the under- selost. SNIFICANT CONDITIONS (COMPERATION)	CAUSE (a) AT DUE TO, OR A (b) DUE TO, OR A (c) DATRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	OF MINAL DISEASE DI RATION WAS	R CONDITION GIVEN IN	PART 1 (q),			20 AUTOPSY YES [et and death
CAL CER	UNDERLYING CONTRIBUTION	G CAUSE OF DE		NJURY MONTH DAY YEAI 19	R 21c. HOV	/ INJURY OCCURI	RED (ENTERNAT	URE OF INJURY IN ITE	M 18 PART 1 OR PA	RT 2)	
MEDI	WHILE AT WORK	CCURRED NOT WHILE D AT WORK	21e PLACE OF STREET, FACTOR		21f LOCA STRE		(CITY OR TOWN	COL	UNTY	STATE
	220 certification death resulter ACTUAL SIGNATURE EXAMINER'S I	Noturo Noturo	af the remains described to the remains descri	Suy h	Autopsy vicide ,	Hamicide Time (SPECIFY) Assistar	Undeterr	Inquiry, mined manner [AL EXAMINER Street,]	DATE SIGNE	10-1-	-84 21201
23a, B		ION, REMOVAL 231		Mount A	METERY OR O	REMATORY	23d LOC/				7d'.
	UNERAL DIREC					25a. DATI	E REC'D. BY RI	GISTRAR 256 F	REGISTRAR'S S	IGNATURE	
Wn	n C Ma	rch F/H	Inc. ADD TS	01 E Nort	th Av	enue ?	T 2 4	YOU Full	a Davidson	- Handell	-

Barrier Charles and the property of the Control of

STATE OF MARYLAND.

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(Euch			7,	- 5

	REGISTRAR	CERTIFI	EALTH AND MENTAL HTG ICATE OF DEATH	REG. NO.	20 1
	DECEASED NAME HERSY (TYPE OR PRINT)	V, Co	RRY	2a DATE OF DEATH MONTH	5 84 11152pm
3	SEX FEMALE 4. R	White 5. Date o		6 AGE (IN YEARS LAST BIRTHDAY) SO YRS.	# UNDER 1 YEAR IF UNDER 24 HAS MONTHS DATS HOURS MIN
70	WIVA. USA	USA. WIDOWE	DIVORCED [9 BALTIMORE CITY OR COUN	M. MD.
	Baltimory vi		VLAND HOSP,	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
	JSUAL RESIDENCE (IF NURSING HOME OR OTHE 136. STATE Balt Ch	RINSTITUTION, GIVE RESIGNED BEFORE ADMISSION! 13c. CITY OR TOWN BALTO	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COI	5 ST, Ball, NI
	4. FATHER'S NAME / MIDDI	White	15. MOTHER'S MAIDEN NA	ADDRESS	GRADAY
16	60. WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAI		PATRICIA G	URRY BURR 1503	
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	Candinal	money ARI	Rest Cancal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF			
		DITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM		GIVEN IN PART 110
8	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION		YES NO NO NO CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	OR COLUMNIC CALLER OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	KITY OR TOWN	COUNTY STATE
	22a certify that (1) (this hospital) is sow the deceased alive on above, (1) (we) (did) (did not) vie 22b. SIGNA DORE	tw the body ofter death.	d that in (my) (our) opinion of	depth occurred on the date and hi	19 8 , that (I) (we) lost our and from the couses stated

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, th should be detoched for use as the buriol-transit permit. Then please remove corbanpape with the State Dept-of Health and Mental Hygiene priar ta buriol, cremotian, or remavol TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician BP.

completely filled in by the funeral of

executed within 24 hours after

requires that the death certificate be

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY 236. DATE

23d LOCATION CITY OR TOWN

ATTENDING PHYSICIAN

22e ADDRESS

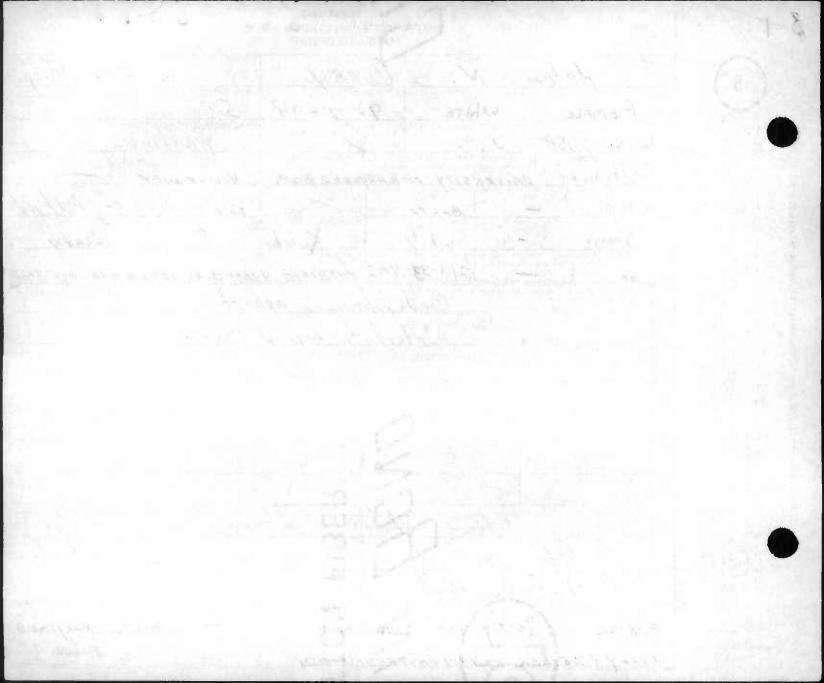
STATE COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DCT 9 1984 La Davidson-Randelle:

1901 EASTERNAVE - 2123/DET

1984

MEDICAL STAFF
DIRECTOR PHYSICIAN



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1	3.5	EX			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHNE

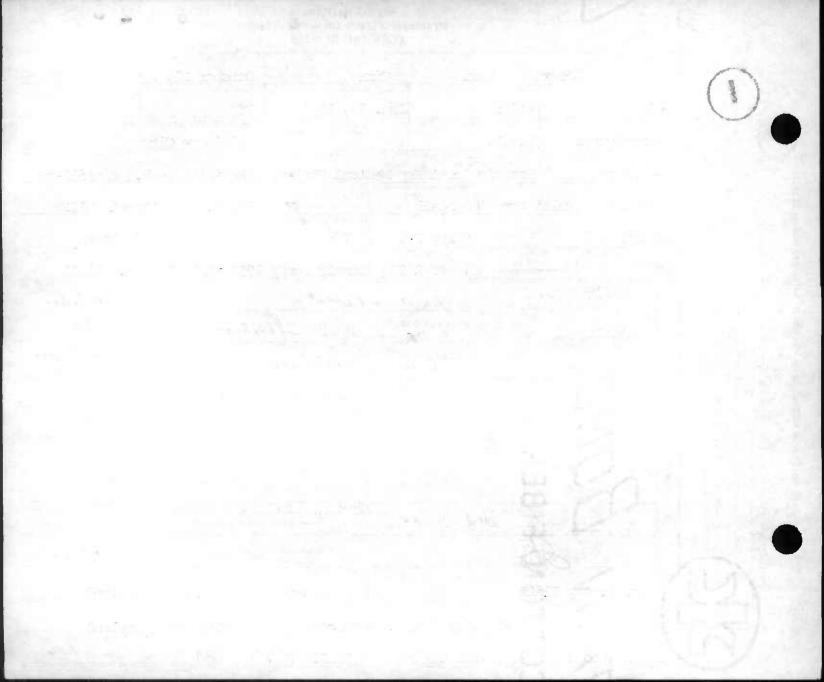
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	SISTRAR			4211111	ICATE OF DEATH	REG. N	O.		
(TYPE OR PR	ED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAT	Y YEAR	26 HOUR
(TYPE OR PR	Rober	t Ea	arl	Cu	rry	October 3	1, 1984		4:53 r
SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HE
Male		White		Jan.	15, 1908 YEAR	76	YRS.	MINS DATS	HOURS MI
o. BIRTHP	LACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY O	F DEATH	
Penr	sylvania	U.S.A.		WIDOWE		Baltimore	City		
0 CITY O	R TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS C
Balt	imore				dical Center	Machinist			illery
SUAL RE	SIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
		imore	Dundalk	1	YES NOXX	546 S. 46		et 2	1224
4 FATHE	R'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	SI
Robe		Model	Curry Si	c.	Ida	Model	Wir	klema	
	DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
No	JOR DIAKNOWN) (IF 125, C	SIVE WAR OR DATES)	212-05-2	L75	Donald Curry	1756 Stoke	sley Ro		222
18.4	AUSE OF DEATH (Enter of	only one couse pe	line for (o), (b), one	fici.i	1				KIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Car	Clear	aftest			8711	incites
		DUE TO, C	R AS A CONSEQUE	NCE OF	actest and if	Reter		1 6	R.
	nditions, if ony, which ve rise to immediate	(b)_	<u> </u>	Lance	andrew To				
CO	use (a), stating the derlying couse last.	DUE TO, O	R AS A CONSEQUE		0. 2.	,		Sever	end his
		((c)		on an					
	T 2 OTHER SIGNIFICANT		CALLE L		NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	I IN PART 1	0
O TO	DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	NGS USED
E.	SAIL OF GLERATION	170 COIND	morrior viner	O' EKATIO	NASTENI ONNED		IN CERTIFY	NG CAUSES	S OF DEATH?
	ACCOMPANY WALL IN INCOME VALO		- h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			VEC O NOO	VEC		NO CT
210	ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES RY IN ITEM 18 PAR		NO 🗌
0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF D	CAIN	M. MONTH DA		21c HOW INJURY OCCUR				NO []
F 00.		EATH HOUR A		YEAR 19	211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART ?)	
WEDICAL STATE	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED	HOUR A	M. MONTH DA	19			RY IN ITEM 18 PAR		NO _
VIETO OR CALL	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOT WHILE AT WORK	HOUR A PRINCE PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(OUNTY	STATE
VIETO OR CALL	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTIFY CAUSE I certify that (I) (this has, sow the deceased alive of	Pital HOUR A PER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	19 ARM, ETC)	21f LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(OUNTY	STATE that (I) (we)
21d. 21d. WF AT W 22a.	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTWHILE AT WORK I certify that (I) (this hos	Pital HOUR A PER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	ARM, ETC)	21f LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	COUNTY	STATE that (I) (we)
21d. 21d. WF AT W 22a.	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTWHIE CORR AT WORK L certify that (I) (this has sow the deceased alive a obave, (I) (wel-told) (did in	Pital HOUR A PER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	ARM, ETC)	21f LOCATION STREET 19 nd that in (my) com opinion DEGREE ATTENDING	CHYORIC to for death occurred on the displacement of the displace	RY IN ITEM 18 PAR	COUNTY	state that (I) (we) I
21d. WF AT W 220. 22b.	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTWHIE CORR AT WORK L certify that (I) (this has sow the deceased alive a obave, (I) (wel-told) (did in	PILO PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	ARM, ETC)	21f LOCATION STREET 19 nd that in (my) com opinion DEGREE ATTENDING	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	COUNTY	state that (I) (we) I
27d. 22d. 22d.	CONTRIBUTING CAUSE OF D EITHER, MOTHY MEDICAL EXAMIN INJURY OCCURRED THE NOTWHILE AT WORK I certify that (I) (this has saw the deceased alive a above, (I) (well-thid) (did in SIGNATURE PHYSICIAN'S NAME (1998)	PILE PLACE (AT HOME, ST PLACE) (AT HOME) (AT H	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	ARM, ETC)	21f LOCATION STREET 21f LOCATION STREET 19 10 11 12 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	CHYOR TO CHYOR TO THE DESCRIPTION OF THE DESCRIPTIO	WN 19 PAR	COUNTY COUNTY and from the	state that (I) (we) I couses stated E SIGNED
21d. wr. A.T. w. 220. 22d	CONTRIBUTING CAUSE OF DETERMENT	Pitol) ottended of other priority view the body	M. MONTH DAM. OF INJURY REEL, FACTORY, OFFICE, F ed deceased from offer death.	ARM, ETC.)	21f LOCATION STREET 21f LOCATION STREET 19 10 11 12 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	deoth occurred on the	WN 19 PAR	COUNTY COUNTY and from the	state that (I) (we) li couses stated SIGNED
27d. 22d. 22d. 22d. 22d. 22d. 22d. 22d.	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTIFY HIS CONTRIBE OR NOTIFY HIS CONTRIBE AT WORK I certify that (I) (this has, sow the deceased alive or obove, (I) (method) (did in the contribution) SIGNATURE PHYSICIAN'S NAME (1998) OR J. Jay P. AL, CREMATION, REMOVA	PIED PLACE (AT HOME, ST INTERNAL PLACE) OR PRINT) CORPRINT) LATT 23b. DATE	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, F de deceased from other death.	ARM, ETC.)	211 LOCATION STREET 19 Ind that in (my) (opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 406 Easter CEMETERY OR CREMATORY	CHYORIC to	wn Telan Mar	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE That (I) (we) I couses stated E SIGNED STATE
27d. 22d. 22d. 22d. 22d. 22d. 22d. 22d.	CONTRIBUTING CAUSE OF D EITHER, NOTIFY MEDICAL EXAMIN INJURY OCCURRED THE NOTIFY HIS CONTRIBE OR NOTIFY HIS CONTRIBE AT WORK I certify that (I) (this has, sow the deceased alive or obove, (I) (method) (did in the contribution) SIGNATURE PHYSICIAN'S NAME (1998) OR J. Jay P. AL, CREMATION, REMOVA	Pitol) ottended of other priority view the body	M. MONTH DAM M. OF INJURY REET, FACTORY, OFFICE, F de deceased from other death.	ARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 1 nd that in (my) topinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 406 Easter CEMETERY OR CREMATORY The Company of the Co	deoth occurred on the	wn / 19 ote ond hour of FF CIAN	county county and from the 22E DATE vland county	state that (I) (we) I e couses stated E SIGNED STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Lyshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 shauld be fillewith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	NENE REG. N	0	4 1	
		CEASED NAME FIRST	,	MIDDLE		A A	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Joseph		y.		4d4/0	October			N
		Male	4 RACE White		Oct.	OF BIRTH DAY 1933	6 AGE LINYEARS LAST BI	YRS	MONTHS DAYS	IF UNDER 24 HRS
4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF US11	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		ty.	MD
1	Ba	Ltimore	Franci	A Scott K	ey Ho	ospital	120 USUAL OCCUPAT (Type OF WORK FOR MOSA)		126 KIND O NOUSTRY Pener	F BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION TY	13c. CITY OR TOW Bultimo	N	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 5902 Darie	en (t.	21206	
	0	THER'S NAME FIRST OLEPK	MIDDLE	Cydylo		ELeanor	WE		Demski	
	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			
		Yes no or unknown) (if yes, give) 1952	-60	214-30-6	232	Cecilia M. S	chwarzmann	5902		100
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per	line for (a), (b), and	dichi				BETWEEN	MATE INTERVAL DISET AND DEATH
1			E CAUSE (a)	Cardiac	grr	est				hour
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) Caronary a theroscleros is DUE TO, OR AS A CONSEQUENCE OF							10	years
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	3,
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	on for which operation was performed			20b. IF YES IN CERTIF YE	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	PED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. certify that (1) (this haspit saw the deceased alive an abave Diwe) (did) (did not			S-pr	nd that in (m) (aur) opinion o	to OC to be death occurred an the de	ate and have		that (I) (we) last
		226. SIGNATURE F. E. CL	restha	-	1	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	SIGNED -84
		22d. PHYSICIAN'S NAME (WPE OF	than	n		1012 CLD	North Pa		2.	
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE		rdens	emetery or crematory of Faith	23d LOCATION Baltimo	re	COUNTY	Mod.
	24 FU 30	hnamm. Weber &					REC'D. BY REGISTRAR		RAR'S SIGNATI	
- 1	U				-	11104	4 1504	1	10001 A-N	as I was a

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNEXAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director and TO FUNEXAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director and to a signed by the filled within 72 hours of the attending provided by the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar remaked. IMPORTANT: If them 21 is marked at them 18 shows ony injury, at other traumatic event, the medical examiner must be positived of once.	1		1	
NERAL DIRECTOR, Attenting physician. NERAL DIRECTOR, Attenting certificate has been signed by the attending physician and campletely filled in by the funeral director and bedoched for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed within 72 hours after the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal. ITANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical examiner must be routified at once.			1	_
0 = = = = /	State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IANT: If them 21 is marked at them 18 shows any injury, at aither traumatic event, the medical examiner rhust be woulfied of pace.	s State Dept. of Health and Mental Hygiene priar to buriol, cremation, arremaval.	be detached for use as the burial-fronsit permit. Then please remove corbonopers. Pages 1 and 2 should be filed within 72 hauring at the	reformed by the hospital or attending physicion. TO FINERAL DIRECTOR: After this certificate has been staned by the attending physician and campletely filled in by the funeral director across

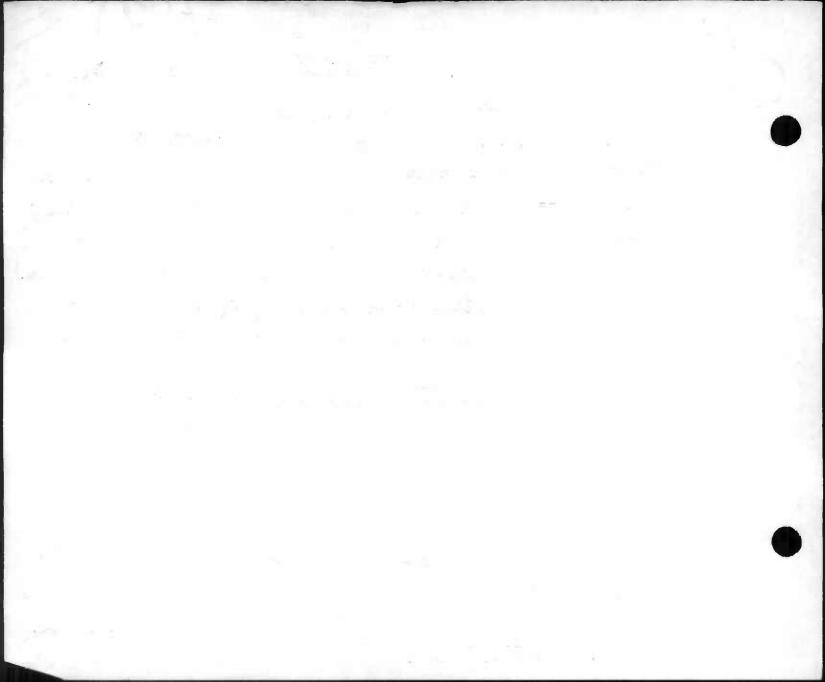
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

84-26822

1	1 -	FOR STATE REGISTRAR			DEPA		ICATE OF D		TENE	84 REG. NO.	- 2	68	20	\
Ī		CEASED NAME OR PRINT)	Mary		R.	AR	Dabrow Dabrow		2a DATE OF D	DEATH MON		YEAR 84	26 HOU 10	AM M
	3. SE)	Female		4. RACE Whi	te	5. DATE C	DAY	1917	6 AGE (IN YEA	ARS LAST BIRTHDAY	YRS.	DER I YEAR	IF UNDER	R 24 HR5 MIN.
5		RTHPLACE (STATE OF	FOREIGN	U.S.A		RY? 8 MARRIE WIDOWE	D NEVER M	ARRIED ORCED	9 BALTIMOR Bal	timore		DEATH		MD
		TY OR TOWN OF DE	ATH		HOSPITAL, NUI THE FACILITY, GIVE ST 5th Str		OR OTHER INSTI	TUTION	120 USUAL OF Cler	OR MOST OF WO	KING LIFE) II	ndustry		ore
	USU A 13a. S	AL RESIDENCE I# NUR TATE Md.	13b COUN	ITY	Balti	OWN	13d. INSIDE CIT YES 🛣	Y LIMITS?	130.STREET AL 4130	/	cope Stre	et (212	(25)
		ther's NAME Benjamin		MIDDLE	Oles	cuk	Ph	vllis		MIDDLE	Wal	ewic	51 C Z	
		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	215 O		Mary	DILLO	hicum Winste	ADDRESS	210 32 Si	lky		
		III. CAUSE OF DEA PART I. DEATH V	WAS CAUSE	ly one couse per D BY: E C AUSE (a)	line for (a), (b)	and ici	e Ja	of.	(our	ret)		BETWEEN	ONSE! ANI	RVAI D DEATH
		Conditions, if any gave rise to im couse (a), stati underlying cous	nmediate ing the e last	(c)	R AS A CONSE		e of c	andro	rose:	doen	٥	10	720	
	ATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190 DATE OF OPERATION 190 CONDITION FOR W				& core	proo	aly	200 AUTOF	- le	IF YES, WI			ED.
3	CERTIFICATION	21a. ACCIDENT WAS UP						LIBY OCCUPE		NO IN	YES _]	OF DEA	
1	MEDICAL C	OR CONTRIBUTING (IF ETTHER, NOTIFY MED	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	21f LOCATIO		(ENIER NAIL	JAE CV INJOH IV	TEM TO FAR.	00,7,00,12,7		100
	ME	WHILE NOT W	ORK	(AT HOME ST	REET FACTORY, OFF		STREET			CITY OR TOWN	-4	COUNTY	4	STATE
		220. I certify that (I sow the decea	sed alive on	9-	10	(///	nd that in (my) (., 19 ovr) o pinion (death occurred	on the date a	nd hour and	d fram the		
		77E SIGNATURE	7	\hl	رلعل	2	A1	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		30	J.8	14
		224. PHYSICIANON	(F)	HUER	r fr	_	4)	O Pe	NNIC	5km	Au	e la	298	200
	- (Burial, CREMATION	1	10/6/	/84	Holy	Cross	Cem	Bro	oklyn		A.A.		STATE Md.
	~	eorge J.	Ba Gond	lto. Me 4001	d. ADDRE		225 wy	OCT	E REC'D. BY RE	GISTRARIZSI.	REGISTRAR	S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



107	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENT WHY CERTIFICATE OF DEATH	GIÊNE 84-26.	823
, B		CEASED NAME FIRST OR PRINT)	Alphonsus	DALTON	20. DATE OF DEATH MONTH	7 84 11.35Am
ge 4 mg ector, po rs other c	3. SEX MALE 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CANADA 10. CITY OR TOWN OF DEATH		CAUCASIAN	5. DATE OF BIRTH MONTH OB OB 1913	6. AGE (IN YEARS LAST BIRTHDAY) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
South To			U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (ity Baltimore (ity	
by the fiftled with	1	Baltimore	(IF NOT IN SUGH FACILITY, GIVE STREET HO.	spital	120 USUAL OCCUPATION (TYPES WORK FOR MOST OF WORKING LIFE RETURNS)	126. KIND OF BUSINESS OR INDUSTRY appender
filled in hould be	13q. S	aryland 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY 130. CITY OR TOWN Battimo	N 13d, INSIDE CITY LIMITS? YES XX NO []		od Ave. 21224
ompletely ond 2 sl	14. F.A	THER'S NAME Daniel	Dalton	15. MOTHER'S MAIDEN NA Alice	MIDDLE	justue
on ond co		VAS DECEASED EVER IN U.S. ARA (ES, NO OF UNKNOWN) (IF YES, GIVE	WAR OR DATES		Palton 1388 Dyne S	t. Phila., Ba. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certifing in signed by the attending pher please remove corbonp to buriol, cremation, or remoinjury, or other troumatic ever	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE b) TUTE DUE TO, OR AS A CONSEQUE	MYOCARDIAL IN		10 hours 4 days
The low rion. In hos bee it permit. It permit.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: 19 physic sertificate rial-trans ental Hygertem 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
ottendin iter this c is the bu h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FI	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or Spitol or CTOR: Af for use of Health		220 I certify that N (this hospital sow the deceased alive an above, (I) (me) (did) (did not	ottended the deceased from S October 1 (th. 19 S	October 4tts , 19 34	to OCHEDEL That, a death occurred on the date and hour	19, that (I) (me) lost and from the causes stated
ITAL OR A by the hos RRAL DIREC e detoched stote Dept. INT: If hem		221 SIGNATURE Cluid true B	211-layenan	DEGREE M.D ATTENDING PHYSICIAN 1228 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/7/84
O HOSP TO FUNE should be with the S		CHRISTINE J	BELL- LATTERA	IAN MERCY HOSE	TAL, BALTIMORE	E MARYLAND 21202
BP		Burial Burial		acred Heart Cemeter	23d LOCATION Pery Dundalk Baltu	COUNTY STATE
HMH - 16 50M 4/B2 (VRA 15, 4)		harles S.Zeiler	& Son Inc. 1907.	S. Conkling St 250. DA	T 9 1884 June 15	MICON MANAGER

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		O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with \$24 hears after that he etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely titled in by the fundantal should be detached for use as the buriol-transit permit. Then please remove carbonapopers. Pages 1 and 2 should be their within 72 is	with the State Dept. at Reolth and Mentol Hygiene prior to buriol, cremation, ar removal.
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MPORTANT. If hem 21 is

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGYENI CERTIFICATE OF DEATH

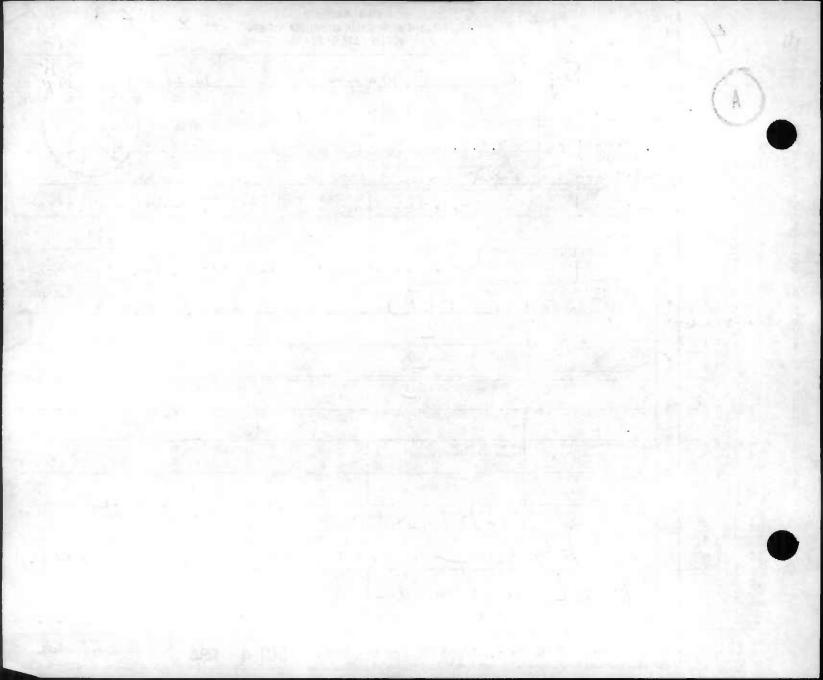
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1.	FOR STATE			DEPARTI	MENT OF H	EALTH AND MENT	AL HYGNEI	NE -		1.00	
	REGISTRAR				CERTIF	ICATE OF DEATH	H	REG. NO			
	CEASED NAME	FIRST	MI	DDLE	l	AST	2		MONTH DAY	YEAR	2b HOUR_
(TYPE	OR PRINT)	5,00			7-			. 0 2	100		1.45
	<u> </u>	and	ne		Har	non		10/1	184		100 M
3. SE	Χ		I. RACE	2	5. DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER I YEAR	F UNDER 24 HRS
	m		1-)	Lo	States of B	6	67	YRS.		
	IRTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF W	HAT COUNTRY?	8	- Device was not	9	BALTIMORE CITY OF	COUNTY OF	DEATH	
	S. Caroli	na	U.S.	Α.	WIDOWE	DIVORCE		(Du	Tunia	0 a	MD.
10. C	ITY OR TOWN OF DEA					OR OTHER INSTITUTIO		O USUAL OCCUPATIO	ON I	12b KIND C	OF BUSINESS OR
,	Baltimore		(IF NOT IN SUCH I	FACHITY, GIVE STREET	ADDRESS)	1400	(TYPE OF WORK FOR MOST OF		INDUSTRY	
	AL RESIDENCE (IF NURS		THER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSIONI	1100					
130. 9	STATE	135 COUN		3c CITY OR TOW	'N	13d INSIDE VITY LIM		e STREET ADDRESS			
	aryland			Baltim	ore	YES X NO		743 N. G1	cantle	y St	.21229
4. FA	ATHER'S NAME	N	IDDLE	LAST		15 MOTHER'S MAID	EN NAME	WIDDLE		LAS	
	Eddie			Damon		Cloie		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ev	ans	
	WAS DECEASED EVER			66. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRES	S		
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	50-18-	5636	Carrie	Damo	n 743 N	. Gran	tlev	Street
	18 CAUSE OF DEAT	H (Enter only						-			MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED	BY.	C 0	PA					BETWEEN	ONSET AND DEATH
	OF THE PARTY	IMMEDIATE	CAUSE (a)				-				
			DUE TO, OR	AS A CONSEQUE	ENCE OF						
	Conditions, if any, gave rise to imm		(b)								
	couse (a), statin	ig the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying couse	lost	(c)	-	-						
	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CON	ITRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR COND	ITION GIVEN	IN PART 10	
O				_							
CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDITE	ON FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	VGS LISED
FIC									IN CERTIFYIN	IG CAUSES	OF DEATH?
ERT	71a. ACCIDENT WAS UND	DEDIVING [21b. TIME OF	IN II IBV	_	101-11034-011034-0		YES NO	YES [NO 🗌
	OR CONTRIBUTING		11-11-11	MONTH DA	AY YEAR	ZIC HOW INJURY C	OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P.M.		19						
ED	21d. INJURY OCCURE	RED	21e. PLACE OF	INJURY T, FACTORY, OFFICE, F	4.Day 57.5 \	211 LOCATION STREET		CITY DE 10H	A-11 131	county	STATE
2	AT WORK NOT WH	RK	(AT HOME SIREE	T, FACTORT, OFFICE, F	ARM EIC]	01				6	1000
	220.1 certify that (1)	(this hospite	of ottended the	deceased from	1	/// 10	80	10 101	2 10	07	that (I) (we) last
	sow the decome	olive on_	10/	2 10 6	f on	d that in (my) (our) o	pinion dec	oth occurred on the dot	te and hour or		44
	22h Silista Luire	tid) (did not)	view the body of	ter death	/	DEGREE		1			
	/	12h	11110	. 3		A ATTEND	ING	MEDICAL STAFF		22t. DATE	3 C
	/	11/1	-woo			PHYSIC		DIRECTOR PHYSICI		111	yny
	224 PHYSICIAN'S NA	AME: BHE ON	1			22 ADDRESS				-	
	Mog	el	albit	eman	an						
3a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	123c. N	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION			
(SPBURIAL		10/8/8	34 Ch	urch	Cemeter	У	Timmonsv:	ille,	PINUO	S. CATE

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

Wm $C^{\text{\tiny ME}}$ March F/H Inc. $1101^{\text{\tiny DRE}}E$ North Ave.

OCT 4 1984 Julia Javidson-Handele



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

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IMPORTANT: If them 21 is marked ar Item 18 shaws any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	0.	
	CEASED NAME FIRST		MIDDLE	LAST		MONTH DAY YEAR	10.110011
{TYPE	GRACE	C	. DA	NCE	0	10 1 84	C 3 25 M
3. SE	×	1 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	
	F.	CAU	LC. 7	30 98	186	YRS	is noons min.
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	ED NEYER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
3	md.	115	A WIDOV		BA	Lto city	MD.
10. Ҁ	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		D OF BUSINESS OR
	BALto, md/	MET	HACILITY, GIVE STREET ADDRESS)	5 HOME	{TYPE OF WORK FOR MOST O		NA
USU. 13a S	AL RESIDENCE (IF NURSING HOME CONTACT	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	21234	
n	D. 3	A/40.	BACTO.	YES NO	2901 S	uneruit A	·UE.
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		IAST
F	REDENICK	F	Corver	migry	T	54%	neon
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	BACH MI
	No -	DAILS	2K-63-896	ELLA m.	11ex 290	ol Summer	+ AUS.
	18. CAUSE OF DEATH (Enter of	nly one couse per	line for (q), (b), and (c).)	1 1		APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DE ATH WAS CAUS	ED BY: .TE CAUSE (0)	remp	usque -	- teus	es Jeal	
	3 7 7 1 1 1	his to o	AS A GONSEQUENCE OF	, 0	1	11 6	mouth
	Conditions, if any, which	(10.0	Hypes	teusou	, veus	Te	moura
	gave rise to immediate cause (a), stating the	1 0/4 10 0	R AS A CONSEQUENCE OF		/	0	
	underlying couse lost	1000.0	A A A CONSEQUENCE OF		The total		
	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	No:
NO							
CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH OPERATI	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FIN	
TIFK					YES NO	IN CERTIFYING CAUS	NO [
CER	210. ACCIDENT WAS UNDERLYING				RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
	OR CONTRIBUTING CAUSE OF DI	AIR	M. MONTH DAY YEA M. 19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	211. LOCATION	CITY OF TO	OWN COUNTY	STATE
Z	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TO	WN COOK!!	STATE
	220.1 certify that (# (this has	nital) attended Ah	e decapsed from	1981	10/0//	19 0	that (I) () lost
	saw the deceased alive a	7/	30 19 P4	and that in (my) (aar) apinior	death occurred on the de	ate and hour and from	the couses stated
	obove, (I) (we) (did) (did n 27h 5 GN (Chirle)	ot) view the body	atter death.	DEGREE		22c. D/	ATE SIGNED
	10 hour	un	16	ATTENDING PHYSICIAN	MEDICAL STAI		0/2/84
	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 222. ADDRESS						
	TIM FRAM	a MAD		JOIN AL	Nach I Val		
23a 1	BURIAL, CREMATION, REMOVA	L 23b DATE	23r MAME OF	CEMETERY OR CREMATORY	234 OCATION,	1	
	Blipin	10-4	. 6/1	11-	THE OR POWN	1) KED	STATE
24 F	UNERAL DIRECTOR	1/0 /	On I HANN	00/1 LEN	TE REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	AJURE . aa
	LANS CHAPEL if	MEHORIE	's 8800 HARFORD	100	CT 9 1984	Gula Davidson	-Mandall

DHMH - 16 50M 4/82 (VRA 15, 4)

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the attending physicion

0	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEDICAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	DECEASED NAME FIRST	nor	DDLE	(ando	20. DATE OF DEATH MONTH	28 84	26 HOUR 235 Am			
1	Female Whit		oct. 4, 1939				MONTHS DAYS	HOURS MIN.			
8	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	76. CITIZEN OF W	MARRIED NEVER MARRIED X WIDOWED DIVORCED			Baltimore County OF COUNTY OF DEATH					
0	Baltimore	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A NES HOSP	(DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ACCOUNTING Clerk					
5	POSUAL RESIDENCE (IF NUR YOME O 13a STATE COU Maryland		Baltimor	V	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (3034 Straffo		21223			
31	14 FATHER'S NAME FIRST Edward	MIDDLE C.	Dando)	15. MOTHER'S MAIDEN NA/ FIRST Helen		Maxw	ST			
2	160 WAS DECEASED EVER IN U.S. AT (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	187-32-6307 Helen J. Dai			address	Tenn. 37	013			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per l ED BY: TE CAUSE (o)	ine for (a), (b), onc ACCH		Pespirolog	anut	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (o), stating the	(b)	AS A CONSEQUE	5	Leed						

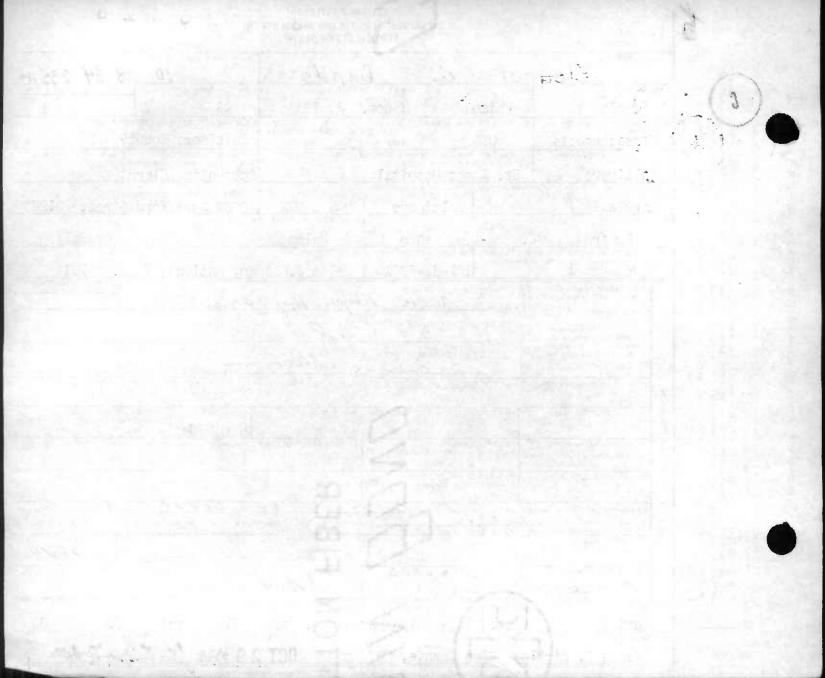
underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION os the burial-transit permit. The 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20a AUTOPSY? is morked or Item 18 shaws 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED Te. PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE should be detached for use os with the Stote Dept. of Health 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on Octobard (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated MPORTANT: If Item 21 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRES KENNETA 236. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Glen Burnie AA MD Burial Oct. 31,84 Glen Haven Mem. Park 24. FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRAR'S SIGNATURE James S. Kirkley, Glen Burnie, MD

DHMH - 16 50M 4/83

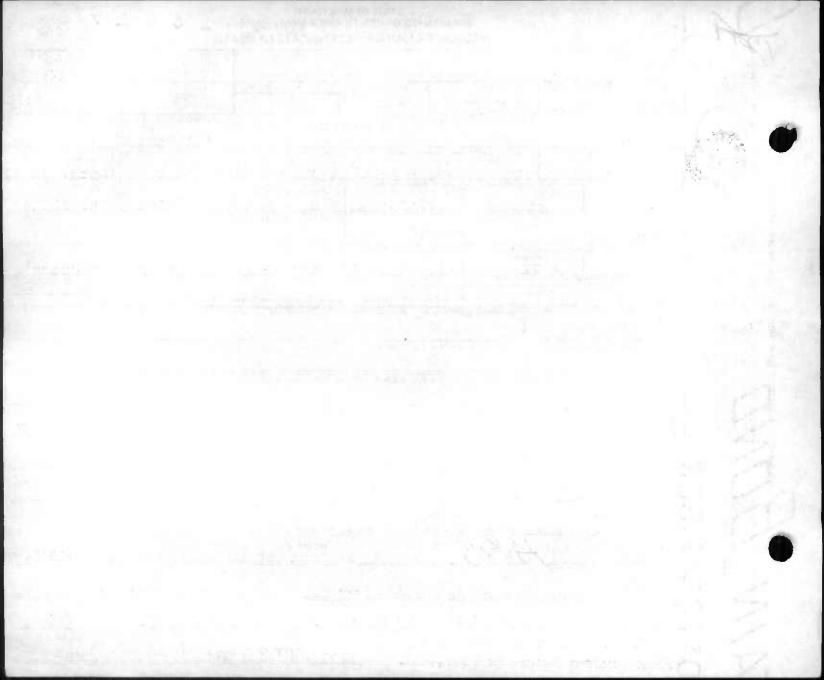
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TO FUNERAL DIRECTOR: After this certificate has been signed by

(VRA 15, 4)



20M 4/82



deoth certificate be

OR ATTENDING PHYSICIAN: The low

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retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, posshould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours ofter diwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND FOR STATE

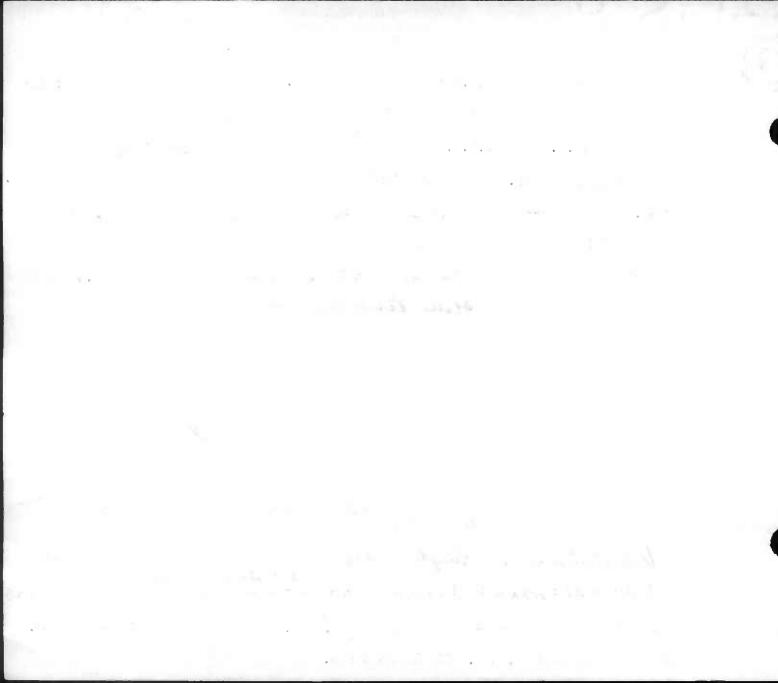
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR				CERTIFIC	CALE OF	DEATH		REG. NO).				
DECEASED NAME	FIRST		MIDDLE	LAS	51		20 DATE OF		нгиом	DAY	YEAR	2b HOU	R
(THE OR PRINT)	JOHN		J.	DAR	RCEY.	SR.			10	1	811	3.5	5 5 IM
SEX		4 RACE		5 DATE OF		YEAR	6 AGE (INYE	ARS LAST BIRT	HDAY	MONTHS	ERIVEAR	IF UNDER	24 HRS
MALE		W	HITE	01	03	21		63	YRS	MONTHS	DATS	HOURS	Miller.
BIRTHPLACE (STATE	ORFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAAAAAAAA	NEVED	MARRIED -	9 BALTIMO	E CITY O	R COUNT	YOFD	EATH		
WASHINGTO	N.D.C.	U	S.A.	WIDOWED		NORCED [Balt	imor	o Ci	+ 17			MD.
CFF OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN		OTHER INS	TITUTION	12a USUAL C	CCUPATIO	NC		KIND O	F BUSINE	SSOR
altimore			nes Hos		1			ESMAN	W CAR II W C			WARE	DIS
SUAL RESIDENCE (#		ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		CITY LIMITS?	13e STREET A		71D COI	NE .			
MARYLAND			BALTIMO		YES TO	NO []		WILK			UE.	2122	3
FATHER'S NAME						'S MAIDEN NA							
EVERET	T	WIDDLE	DARCEY	,		ISABEL		MIDDLE			CIM	ITH	
a WAS DECEASED E		RMED FORCES?	16b SOCIAL SECU		17 INFORM			ADDRE	SS		DI.	11111	
(YES, NO OR UNKNOWN		VE WAR OR DATES)	COO 3 C	007.0	MADV	D DADO	EV 27	36 WI	ד זיי ודי אד	C A 17	מו דוא <i>יבו</i>	7 21	222
YES	I WW	II	line for (o), (b), on		MARY	B. DARC	EI 2/.	50 MT	LIVEIN			IMATE INTER	ZZJ
PART I. DEAT	H WAS CAUS	ED BY: (TE CAUSE (a)	Rolli	10ha	helli	21 /51	reed.	t					
		conditions <u>co</u>	r as a consequi ditributing to	DEATH BUT N			200 AUTO		20b. IF Y	ES, WER	RE FINDI	NGS USED OF DEAT	H?
210 ACCIDENT WA	SUNDERLYING	21b. TIME C			21c HOW If	NJURY OCCUR		URE OF INJUR			RPART 2)		
		AIR	m. month di m.	AY YEAR									
UF EITHER NOTIFY 21d INJURY OCC		21e PLACE	OF INJURY		21f LOCATI						OUNTY		LATE
E WHILE I NO	T WHILE	(AT HOME STI	REET, FACTORY OFFICE F	FARM ETC)	RM ETC) STREET			CITY OR TOWN			JUNIY		TATE
		nital) ottended th	e deceased from_	7	0/4	19 8 4		16	14	19	24	that (I) (v	we) lost
,		of) view the body	<i>i</i> 1	\$4. onc	d that in (my	(our) opinion	death occurred	d on the do	ite and ha	out and	from the	couses sto	oted
22 SIGNATURE		of) view the body	offer deoth.		EGREE							SIGNED	
laguess	hausbelinka fr. Suigh my ATTENDING MEDICAL STAFF 10/4/84									4.			
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ST. AGNES HOSPITAL									1	,			
KAUSA	HALE	NORA	K. SINI	CoH	. 900	CATON	, , , ,	-				20,	الم
a. BURIAL, CREMATI						STMATORY	23d LOCA	TION		-			
BUR TAL		10-08		ARYLANI		CEM	OUTT	NGS M	ILLS	BAL	TIMO	NDF 1	MD.
FUNERAL DIRECTO	R				1229	25a DAT	E REC'D BY RE	EGISTRAR	Sh REG	STRAR'S	SIGNAT	URE	
TIBBARD FII	NERAT.	HOME IN	C. 4107 V	JILKEN:		UUCT	8 19	84 7	what.	andax	on-16	modelle	ø

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

1.	- STATE REGISTRAR		DEPARTA		ICATE OF	DEATH	TENE .	REG. NO.				
	CEASED NAME FIRST		MIDDLE	ı	AST	11/4	20 DATE OF D	EATH MON	NTH DA	Y YEAR	26 HOU	
(ITP)	HELE	4		Day	115		Octo P	358	4	1954	11 3	PM
3. SE		4. RACE		5. DATE C			6 AGE (IN YEAR		(Y) IF	UNDER TYEAR	IF UNDER	24 HRS
- 6	FEMALE	BLAC	K	MONTH 3	31	196 7	7	77	YRS.	INTHS BATS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED DIVORCED	9 BALTIMORE	CITY OR C	-	F DEATH		
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL OC	CUPATION		12b. KIND O	F BUSINE	ESS OR
R	SSOMITA		F MALY	_	Hosp	ETAL	(11FE OF WORK FO	OR MOST OF WC	SKK HAO (HE)	II4D03TKT		
130	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION.		ADMISSION)			130.STREET AD			Road	212	39
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDLE				-1-
	Sheddrack	1	DRAGKEL	4		UNKNOC				LAS		
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT		ADDRESS				
	TES, NO ON ON CHOWN	GIVE WAR ON DATES!	216-69-	8278	Mild	red Lu	dlow 1	639 V	Winf.	ord R	oad	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	(b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO CO	NCE OF	Poss, b		SINAL DISEASE (OR CONDITI	ON GIVEN	N IN PART TO	0.	
Z	large Thurs	14	CUA.									
TIFICAKTIC	19a DATE OF OPERATION			OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 206. IF YI IN CERT					WERE FINDING CAUSES	OF DEAT	TH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR		INJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN	ITEM 18 PAR	TIORPARI2)		
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (A1 HOME, STE	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCA			CITY OR TOWN		COUNTY	5	STATE
	220 I certify that (I) this had sow the deceased alive above. (ID) we) (did) (did) 22b. SIGNATURE	on Oct	419	\$41,01	ad that in @	(our) opinion	death accurred		ond hour c			ated
	Wendy	Klace			no 1220 ADDR	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	100	10/4	1/84	
	Wendy	Kloesz	Dm C			s. Gere	ene S	t, B	alt	md		

BP.

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior tof buriol, cremotion, or removal.

physician and completely filled in by the funeral directon popers. Pages 3 and 2 should be filed within 72 hours of

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event, the medico

ury, or ather troumotic

IMPORTANT: If them 21 is marked or them 18 shaws any

230 BURIAL, CREMATION, REMOVAL BURIAL 23b DATE 10/9/84 24 FUNERAL DIRECTOR

MARCH'S FUNERAL

Arbutus Memorial Pk Arbutus,

Md ATE

Home 1101 E North Ave

250 DATE RECD. BY REGISTRAR 250 RECIVIRAR SAISTANTINE

- Search cloud First Fig. 10 1 to 12 to 12 Avenue 2 annual 2 annual 2 The same of the sa Amend Amendation The Man was the state of the st Light Fred History

Exam

Medical

Released As Non	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h
Non-Med Per	ENDING PHYSICIAN: The lovited or offending physician.
Mr. L	v requires that the
Non-Med Per: Mr. Lawyer & Dr. Dixo	death certificate be executed w
Dixo	ithin 24 h

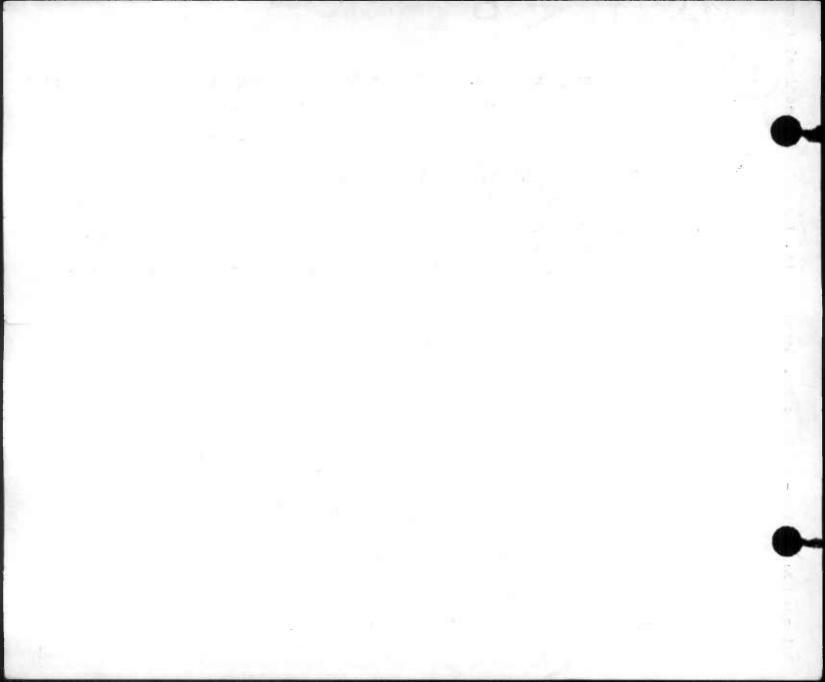
BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE REGISTRAR		DEPAI	STATE OF MARYLAN RTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE
ASED NAME	FIRST	MIDDLE	IAST	2a C

2	6	3	3	u
dies	•	-		

- 1	REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO.			
	DECEASED NAM	E FIRST	MIDDIE		IAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
1	TYPE OR PRINT}	Rober	rt L.	D	avis	October	24 84	2.4.	
3.	SEX	210,001	4. RACE	5. DATE (OF RIDTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
- 1	Male		Black	Mani	6 4 4 O	4.4 YR	MONTHS DAYS	HOURS	
بتإر	BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COU			
5	Md.		USA	WIDOW		Baltimore	City		
7	Baltimo		II. NAME OF HOSPITAL, I	E STREET ADDRESS)		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS	
40	ISLIAL PESIDENCE	(IF NURSING HOME O	Johns Hop		ospital				
~	Md.	13b. COU	13c BB 1	#18m	134 INSIDE CITY LIMITS?	1328 Edisor	DDE 1 Hwy 2	21213	
(A)	Rober:		MIDDIE Davis	AST	Rowena	ME	Green	ST	
16	a WAS DECEASE	D EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	ADDRESS			
	(YES, NO OR UNKNO	OWN) (IF YES, G	IVE WAR OR DATES) 214-	36-0925	Frances I	Davis 1328 E	Edison F		
	II CAUSEO	APPROX BETWEEN	ONSET AND DEA						
	PART I. DI	30.	minute						
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which ((b) Organic Neart disease								
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
- [underlying	couse lost							
	PART 2 OTH	ER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART II	0	
	8								
	19a DATE OF	OPERATION	196 CONDITION FOR	ONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATHS					
4			-			YES NOU	YES	NO [
0	21a. ACCIDENT	WAS UNDERLYING	21b. TIME OF INJURY	L DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUNE IN ITEM	18 PART (OR PART 2)		
1	OR CONTRIBUTI	ING CAUSE OF DE	ALIT	19					
/ i	(IF EITHER, NO	OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE	
- 13	WHITE AT WORK	NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	SIRCE	4.0		31711	
	22a.l certify		oital) attended the decrased	from 215-	10/27 19.89	10 2 (1 (0/24	1,1989	that (1) (we)	
	sow the	deceased alive a		19 7 0	nd that in (my) (our) opinion	death occurred on the date and	hour and from the	couses stated	
- 1	22b. SIGNATI	JP 11	1/12	,	DEGREE		22t DATE	SIGNED	
		/Va	u fut	M.	O . ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5 101	124	
	22d. PHYSICIA	AN'S HAME (TYPE	. / //.		27e ADDRESS	111.11 Ct	== 6		
-	2 0110141 50511	10/11		In have on	1 OCOTV.	(NO/4 3"	ee 1		
12	BURIAL CREM. (SPECIFY) Buria	ation, Remova 1	111		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATI	
-			10/29/84	Balt	imore Cem.	Baltimore		THEF	
2	4 FUNERAL DIREC		/H The "	oogesha to	North Aven	E REC'D. BY REGISTRAR 256. BEG	in Davidson	D	
- 1	WIII C	March F	/n, inc. i	TOT E.	NOTEL AVEIL	1 2 9 1984 22	un puntason-	-Manage	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbonopers: Pages I and 2 should be filed within 72 hours ofter deal with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANI: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified of once.

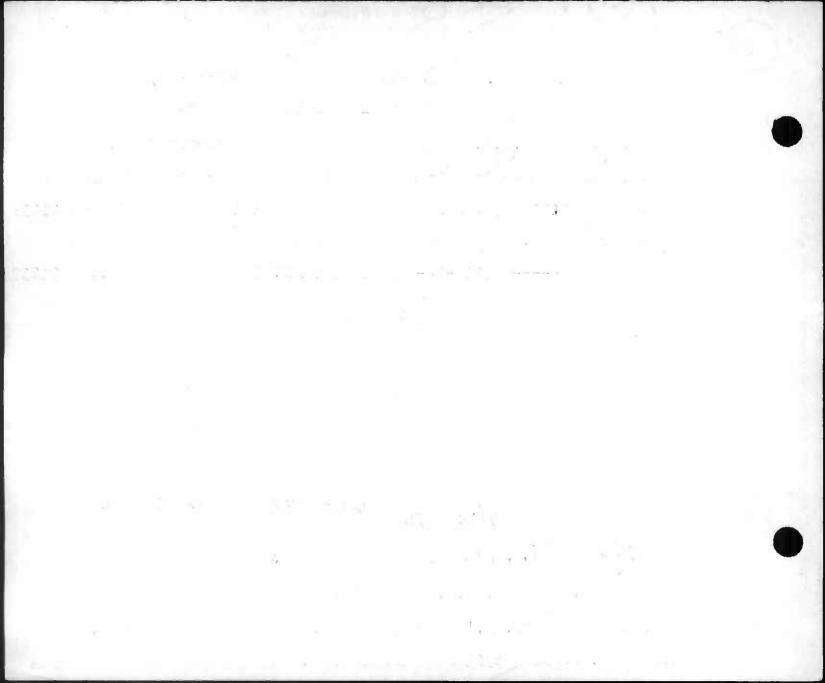
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	TENE REG. N)			
	CEASED NAME FIRST		MIDDLE	Į.	AS1		MONTH	DAY YEAR	26 HOUR	
(TYPE	Ruth	V.	D	avis		Octobe	r 6	1984	6:30p	
3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
_	Female	white		12		7	TRO	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
	MARYLAND	U.S.	Α.	WIDOWE		Baltimo	re C	ITY.	M	
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS O	
	BALTIMORE	Good S	Samarita	n Ho	spital	SALESPER		RETA		
130. 5	STATE 13b CC				13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS			NUE 212	
14. FA	ATHER'S NAME	whole			15. MOTHER'S MAIDEN NAM					
	HARRY	MIDDLE .	CC	OK	GRACE	WIDDLE		MC	WOOD	
Ióa V	ALLE DE CE LOED EVED BLACK	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRE	\$5		,,,,	
- ()	(JES NO OR UNKNOWN) (JE YES.	GIVE WAR OR DATES)	219-20-	-6690	VIRGINIA L.	PAVLISCS	AK B	ALTO.	MD212	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF							APPRO) BETWEEN	CONSET AND DE ATH	
	couse (a), stating the underlying couse lost.	(_{Ic)}	ONTRIBUTING TO D		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GI	VEN IN PART 1		
IFICATION	PART 2. OTHER SIGNIFICAN A CHT (- Ken	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDI	NGS USED S OF DEATH?	
ERTIFICATION	Acute	Ven			N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDI IFYING CAUSES ES []	NGS USED	
AL CERTIFICATION	A CUT (190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 COND	DF INJURY .M. MONTH DA	OPERATIO		YES NO	IN CERTI	S, WERE FINDI IFYING CAUSES ES []	NGS USED S OF DEATH?	
MEDICAL CERTIFICATION	A CUT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	19b COND 19b COND 21b TIME C HOUR A HOUR A P 21e PLACE	DF INJURY	OPERATION AY YEAR 19	N WAS PERFORMED	YES NO	IN CERTI Y	S, WERE FINDI IFYING CAUSES ES []	NGS USED S OF DEATH?	
	A CUT (198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IIF ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK	196 COND 197 COND 198 CO	DF INJURY .M. MONTH DA .M. OF INJURY REE1, FACTORY, OFFICE, F.	OPERATION AY YEAR 19	N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION	YES NO NO RED (ENTER NATURE OF INJU	IN CERTI Y	S, WERE FINDI IFYING CAUSES ES PART I ORPART 2)	NGS USED S OF DEATH?	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE HITER. NOTIFY MEDICAL EXAM. 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 220. L certify that (1) (this has saw the deceased alive.	196 COND 196 COND 196 COND 216 TIME (HOUR A NER) 21e PLACE (AT HOME, S1	OF INJURY .M. MONTH DA .M. OF INJURY REEL, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM ETC)	N WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET	YES NO RED (ENIER NATURE OF INJU	IN CERTILY Y RY IN ITEM 18	ES, WERE FINDI FYING CAUSES ES PART I OR PART 2)	NGS USED S OF DEATH? NO STATE	
	A CUT (198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IIF ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM AT WORK	196 COND 196 COND 196 COND 216 TIME (HOUR A NER) 21e PLACE (AT HOME, S1	OF INJURY .M. MONTH DA .M. OF INJURY REEL, FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET and that in (my) (our) opinion of DEGREE	YES NO RED (ENIER NATURE OF INJU	IN CERTINAL TERM 18	S, WERE FINDI IFYING CAUSES ES	NGS USED S OF DEATH? NO STATE	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK Sow the deceosed olive obove, (J) (we) (did) (did Th. SIGNAL IRE	21b. TIME (DEATH HOUR A NER) 21e. PLACE (AT HOME. S1) on not) view the bods	OF INJURY .M. MONTH DA .M. OF INJURY REEL, FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 10 that in (my) (our) opinion of PHYSICIAN	YES NO RED (ENIER NATURE OF INJU	IN CERTINAL TERM 18	S, WERE FINDI IFYING CAUSES ES	NGS USED S OF DEATH? NO STATE	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK NOTIFY THE CAUSE OF AL WORK ON THE CONTRIBUTION OF TH	21b TIME (DEATH HOUR A NER) 21e PLACE (AT HOME, S1 on not) view the bods	OF INJURY .M. MONTH DA .M. OF INJURY REEL FACTORY, OFFICE, F.	AY YEAR 19 ARM ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YES NO DEPARTMENT OF INJUING THE CHITY OF TO CHITY OF TO MEDICAL STALL DIRECTOR PHYSIC	IN CERTINAL TERM 18	S, WERE FINDI IFYING CAUSES ES	NGS USED S OF DEATH? NO STATE	
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WEDICAL WEDICAL	198 DATE OF OPERATION	21b TIME (DEATH HOUR A NER) 21e PLACE (AT HOME, S1 On not) view the body OETTER AL 23b DATE	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F. Abfler deoth. M. D. 73c. N.	OPERATION AY YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 214 that in (my) (our) opinion of the physician	YES NO DEPARTMENT OF INJUING THE CHITY OF TO CHITY OF TO MEDICAL STALL DIRECTOR PHYSIC	IN CERTINAL TERM 18	S, WERE FINDI IPYING CAUSES ES	NGS USED S OF DEATH? NO STATE that (I) (we) la causes stated	
WEDICAL WEDICAL	210. ACCIDENT WAS UNDERSTYING OR CONTRIBUTING CAUSE OF (IF ETHER. NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK NOT WHILE Sow the deceosed olive obove, (j) (we) (did) (did 27th SIGNAL IRE HANS J. H	21b TIME (DEATH HOUR A NER) 21e PLACE (AT HOME, S1 On not) view the body OETTER AL 23b DATE	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F. Abfler deoth. M. D. 73c. N.	OPERATION AY YEAR 19 ARM ETC.)	216 HOW INJURY OCCURR 211 LOCATION STREET 19 18 and that in (my) (our) opinion of PHYSICIAN 220 ADDRESS 7600 OSLE	VES NO	IN CERTI Y Y RY IN ITEM 18 WN The ond ho	S, WERE FINDIFYING CAUSES ES PART I OR PART 2) COUNTY 19 22c. DATE 82.5-49 COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) le causes stated E SIGNED	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



2	3	1 - STATE REGIST
	,	1 DECEASED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACH CERTIFICATE OF DEATH

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GIENE		

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	REGISTRAR				CEKITI	ICATE OF	DEATH		REG.	NO.				
	CEASED NAME	FIRST		MIDDLE	-	AST		20. DATE	OF DEATH	MONTH	DAY 1	EAR	2b HOL	JR
(TYPI	Ther	on	Davis										- 0	
J. SE			RACE		5. DATE O	DE RIPTH			ober In YEARS LAST B	21	1984 IF UNDER	1 VE AR	# UNDER	AM
3. 30					MONTE	H DAY	YEAR	1	51	ARTIDAT)		DAYS	HQUR5	MIN.
	Male		Bal		03	23	1933	-		YRS				
	RTHPLACE (STATE ORE	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9 BALTIA	AORE CITY	OR COUN	ITY OF DEA	TH		
50	ITH CMOU	AV	0.9	SA .	WIDOW		IVORCED [1	Baltim	ore				MD.
10. €	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INS	NOITUTION	120 USU	AL OCCUPA	TION		IND OF	BUSINI	
	Baltimore		Provi	dent Hosp	ital	Balti	more. M	111	Aut	o ref	tiree	Gen	eral	Mot
	AL RESIDENCE (# NURSI	NG HOME OR C		GIVE RESIDENCE BEFORE										
130, .	Md	138 COON	1	Baltimo		YES KE	NO [T ADDRESS				010	
14. F	ATHER'S NAME			Darcino	ie		S MAIDEN NA	1410	Park	нете	hts A	ve.	212	15_
	FIRST	M	IDDLE	LAST			EIRST		MIDDLE			LAST		1
	MACKIE			DAVIS			LEVA				٢	CFF	DOE	N
- 1	VAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU		17 INFORM				RESS			7.	
Ye	es	, , , , , , , , , , , , , , , , , , , ,		520-20	0251	Glor	la Davi	s, 41	03 Par	k He:	ights	Ave	. 2.	1215
	IR CAUSE OF DEATH			line for (a), (b), on	d (c).)						BE	APPROXIA	MATE INTER	RVAL
	PART 1. DEATH W.		BY: CAUSE (o)	CINDID	10 1	topuse	MIA					IN		
		IMMEDIATE				0						9.		
	Control of		DUE TO, O	R AS A CONSEQUE			. 0 .	VELLE C	NC			LA.		
	Conditions, if ony,		(b)_	CUNDIO	and Or	Will	run 16	.000	2000			0		
	couse (a), storing the DUETO, OR AS A CONSEQUENCE OF							Und						
	underlying couse lost (c) (EVENE COPO								442					
_	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	AIN AL DISE	ASE OR CO	NDITION (SIVEN IN PA	ART 110		10000
ő														
CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a Al	TOPSY?		YES, WERE			
F								YES	NOU	IN CER	YES -	AUSES (OF DEAT	
ERT	710. ACCIDENT WAS UND	ERLYING []	21b. TIME O	F IN IURY		71c HOW II	NJURY OCCUR	_		II IEV IN ITE AL		ART 21	140	
	OR CONTRIBUTING C		LIGHTO 4	M. MONTH DA	YEAR		TORT OCCOR	(ENIER	NATURE OF IN	IORT IN TIEM I	5 PART TORP	M(1 2)		
Ŭ.	(IF EITHER, NOTIFY MEDIC		Р.		19									
MEDICAL	21d. INJURY OCCURR	11	21e. PLACE	OF INJURY REET, EACTORY, OFFICE, F	ARM FIC \	21L LOCATI	ON T		CITY OR I	lown	COUP	417	5	TATE
~	AT WORK NOT WHI	K C			, , , , , ,	100								
	22a I certify phot (I)	(this hospite	l) attended th	e deceased from_	७५ रह	PF	. 19 97	, to2	21 OU	2	19 84		hot [1] 6	€ lost
	sow the lacouse	d alive on_	15 Oct	19 8		nd that in (my	(oor) opinion	deoth occu	rred on the	date and h	nour and fro	m the c	ouses sto	oted
	22). SIGNATURE	(did not)	view the body	olter death.		DEGREE					1226	DATES	IGNED	_
	M						ATTENDING _	MEDIC	AL ST.	AFF			25-9	2
	79					1	PHYSICIAN E	DIRECTO	OR PHYS	ICIAN 🗌				. /
	MTKUR.	ME (TYPE OR	PRINT	YA PA		22e ADDRE				70 -		2.1	216	
	MUNUL	M. Le	istora,	-02 174		3640	Foro	y un	E I	INMO	Mo		00	
23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY		CATION					
	Burial		10/25/	84 S	t. Th	omas	CEmeter	y B	altimo	ore.	Maryl	and	5	TATE
24. FI	UNERAL DIRECTOR		,,										IRE)	- Chian
T	w Funeral	II. m.c	/.611 D-	ADDRESS L	+ o A	212	15 0	CT 2	REGISTRA	1 50	rankar	4000	- Mano	Latel
Li	aw runeral	nome	40TT LS	irk nergn	LS AV	e. ZIZ.	ער ו	(VI 4	U 13U	- ()			-	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSIC retained by the hospital or attending

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hauth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol

Managed 7 Ag 1974 And the second Man and the second of the provided according to the second THE RESIDENCE OF THE PARTY OF T AND SERVICE STREET, ST

DIVISION OF VITAL RECORDS.

11. = 12/7/4 = t = 1 Particular Commence of the Com

NAME:

Anne L. Day

DATE OF DEATH:

October 29, 1984

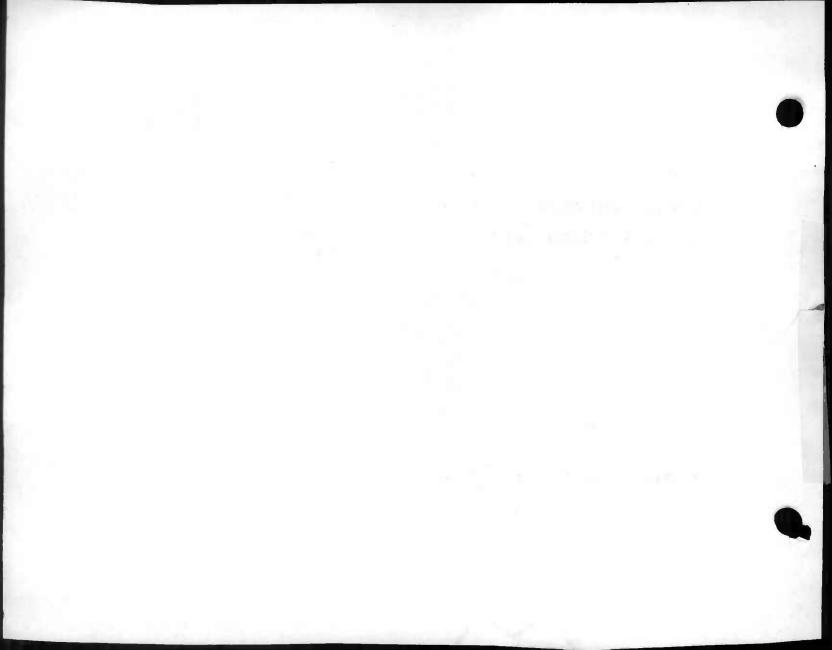
PLACE OF DEATH:

Baltimore City

SEE: 84-26336

Orig. listed as Baltimore County

DHMH 2485 - Vit. Rec.



W		6
•	recuted within 24 hours after death. Page 4 may be	completely filled in by the strings director, page 3 1 and 2 should be filled

executed

death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL SA ATTENDING PHYSICIAN etained by the hospital or attending physician.

BP.

STATE OF MARYLAND

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FOR STATE		DEPARTA		HEALTH AND MENTAL HYG	IENE &	0 0	13	
REGISTRAR L DECEASED NAME FIRST		MIDDLE		TRACT TO STREET		H MONTH DA		
(TYPE OR PRINT)			4		20 DATE OF DEAT			2b. HOUR
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Te BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	F DEATH	
Wash., D.C.	U.S.A.		WIDOW		Baltim	ore Cit	ty	MD.
Balto.	11. NAME OF JIF NOT IN SUC	CH FACILITY, GIVE STREET	Tnc	OR OTHER INSTITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MC Janitor	ST OF WORKING LIFE!	126 KIND O	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME		4			i aution	Lar		
Maryland -		Baltimo		134 INSIDE CITY LIMITS?		enwood	Ave.	21212
14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDI	F	1.6	ST
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160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	AD	DRESS		21212
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M DATE OF OPERATION	196 COND	IIION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATH?
	7 216 TIME C	SE IN IN INC.		Tay way have a save	YES NO	YES		№ □
	HOUR A.		Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PAR	T I OR PART 2]	
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOT IFFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	ZII LOCATION STREET	CITY O	NOWN	COUNTY	STATE
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THE PHYSICIAN SNAME (THE	Chee	en	M	ATTENDING PHYSICIAN C	MEDICAL SIRECTOR PH	STAFF YSICIAN [19/	17/24
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230 BURIAL, CREMATION, REMOVA	L 236. DATE	23c N	AME OF	CEMETERY OR CREMATORY	23d LOCATION		OUR PART A	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

DHMH-16 25M (VRA 15, 4) 1/79

14 FUNERAL DIRECTO MARSHALL W. JONES, JR.
410T EDMONDSON AVE./BALTO., Md. 21229 PARK

BALTIMOREM MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGRENE

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IMPORTANT: If them 21 is marked or them 18 sha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CEKITE	ICATE OF D	EAIH	REG. NO).		
	CEASED NAME FIRST MARGAR	ET C.	DENA	JARD .		DOTOBER		1984 YEAR	26 HOUR 5:45 PM
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	aryland	U.S.A.	WIDOWE	DX DN	ORCED	Baltimor			MD.
	altimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVES IR John Deaton	EET ADDRESS			120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
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	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17. INFORMA	NĨ	ADDRE	.55		
	YES, NO OR UNKNOWN) (IF YES, GI	2 1 3 - 1	2-211	Ruth	Lebby	2515 Ro	und	Road	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),			EST			BETWEEN 5	XIMATE INTERVAL LONSET AND DEATH
NOIL	Conditions, il ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
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MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ER) P.M.	DAY YEAR 19			RED (ENTER NATURE OF INJU	RY IN ITEM TE	3 PARI I OR PARI 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	sow the deceased plive o	orto) oftended the deceosed from 0 10 BER 15	34.0	nd that in (my)	(our) opinion	death occurred on the d	ote and h		, that (I) each ast e couses stated
	DURIAL, CREMATION, REMOVA	KURLAND MO			CREMATORY	MEDICAL STA DIRECTOR PHYSK	CIAN X	COUNTY	Md ATE
24 F	UNERAL DIRECTOR	10/5/84 M		Auburn	25a. DAT	em Ball'L'I'm of the Ball'L'I'			
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DHMH - 16 50M 4/83 (VRA 15, 4)

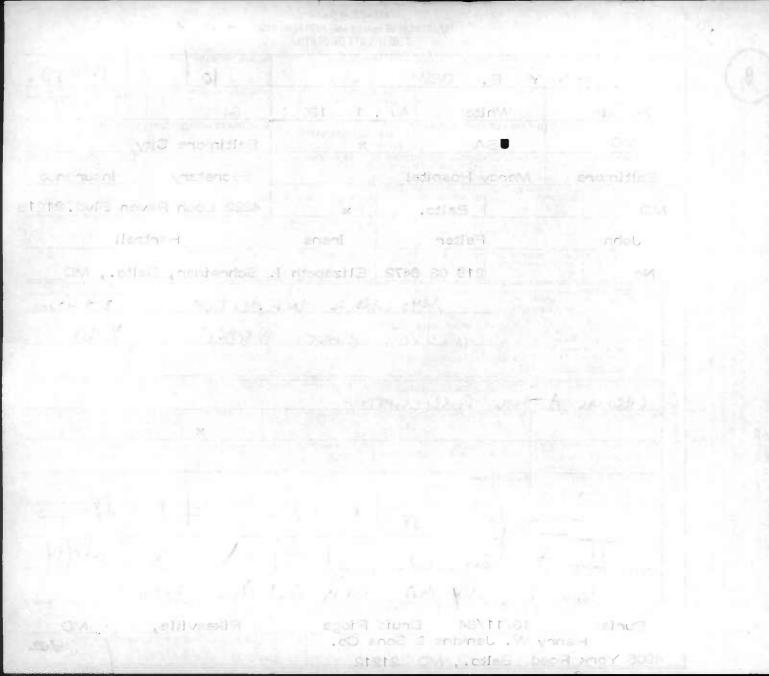
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Page 4	directo hours a	re.
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 meretained by the haspital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4. The retained by the haspital or attending physician. TO FIDINERAL DIRECTOR: After this careful as been signed by the attending physician and completely filled in by the funeral director is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haurs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

X	- 5	OR TATE EGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTACHYG ICATE OF DEATH	REG. NP.	0 3 7
		ASED NAME FIRST		WIDDLE	- L	AST	2a. DATE OF DEATH MOI	NTH DAY YEAR 26. HOUR
		MA		R. DEW			10	8 14 4150
3. 5	EX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTAS DAYS HOURS M
		Female		nite	Aug.	14, 1900	84	YRS.
72.		HPLACE (STATE OR FOREIGN	P	F WHAT COUNTRY?	MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY OR C	
8/	CATA	OR TOWN OF DEATH		SA	WIDOWE	DR OTHER INSTITUTION	Baltimore	
37	E	Baltimore	Merc	by Hospita	address)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO Secretary	ORKING LIFE) INDUSTRY
13 1 13 13 13 13 13 13 13 13 13 13 13 13	. STA	RESIDENCE (IF NURSING HOME TE 13b. COI	OR OTHER INSTITUTIO JNTY	13c. CITY OR TOWN	ADMISSION) N	YES NO		Raven Blvd.21
augustine 14.	FATH	John	WIDDLE	Felter		Is. MOTHER'S MAIDEN NAM	WIDDLE	Hartzell
16a		NO OR UNKNOWN) (IF YES, O	RMED FORCES?	Section 1		12. INFORMANT	ADDRESS	
E		No		218 03 6	6472	Elizabeth I.	. Schreiner	, Balto., MD
matic event,			SED BY: ATE CAUSE (0)	OR AS A CONSEQUE	to c	ARDIAL INF	PL SEPS E	APPROXIMATE INTERVAL BETWEEN ONSET AND DE 2 4 hou
or other trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)_	OR AS A CONSEQUE				CIRC
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8 shows ony injur	19	DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	II.	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH
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om si	2	Re. I certify that (I) (this has	pital) attended	the deceased from	Pylo	10.84	to(o	and hour and from the couses state
2 m 2	7	saw the deceased alive a above, (1) (we) (did) (d.d.	vet view the out	y after death.	1	DEGREE	and a second second second	22c. DATE \$IGNED
± ± Z		Ll.	7 (dey in	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	VICIERY
IMPORTANT:	2	M. PHYSICIAN S NAME IN	F	CARY M		301 ST Paul	Place 2	1202
230	BUI	RIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STAT
		[]	170/1	7/9/1	MOLLING	Ridge	Dileoniil	A 4 5000
_	Elle	Burial ERAL DIRECTOR Henri	10/1				Pikesvil	le, MD



death certificate be executed within 24 hours

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	WIDDLE	50	AST	28. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
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1	3. SE)	X	4 BACE		5. DATE C		& AGE IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
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1	7a Bi	RTHPLACE (STATE OR FO	REIGN 76. CITIZEN	OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
3/0/		New Jen	sen	USA	WIDOWE			City	1 - BA	4 L70 MD.
9	10. CI	TY OR TOWN OF DEAT		OF HOSPITAL, NURS		OR OTHER INSTITUTION	128 USUAL OCCUP			OF BUSINESS OR
3		Balto	·	NIV. UF	Mu	Ry land	Maintena			Lity Co.
Pe	USU/ 13a. S	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITU	TION, GIVE RESIDENCE BEFO		13d. INSIDE CUY LIMITS?	13e STREET ADDRES	S / ZIP CODE	1	
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t, th		18 CAUSE OF DEATH	(Enter only one cause	per line for (o), (b)	ynd (c).)	10.			BETWEEN	ONSET AND DEATH
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r fe	MEDICAL	214 INJURY OCCURRE		P.M. ACE OF INJURY	19	211. LOCATION				
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e 2		17h SIGNATURE	did not) view the	oody ofter death.		DEGREE			22c. DATE	SIGNED
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- A		224 PHYSICIAN'S NA	ME (TYPE OR PRINT)	1	1	22e ADDRESS	_ DIRECTOR _ PHI	JICIAIN	1	50, 07
MPORTANT	.31	F	Clark	(Som	lc	122 S. C	neene s	-/ 15n	lto.	
N N	23a F	BURIAL, CREMATION, R		E 123	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	1		
		(SPECHY) Burial		1 1		lew Mem Pk		nore,	Marvla	and STATE
4/83	24 FI	UNERAL DIRECTOR	Balto.	Md.			TE REC'D. BY REGISTR	AR 25h REGIST	PAR'S SIGNAT	TILIRE
)	G	eorge J.		001 Ritch			T 2 3 1984	filia de	widson-1	andalis.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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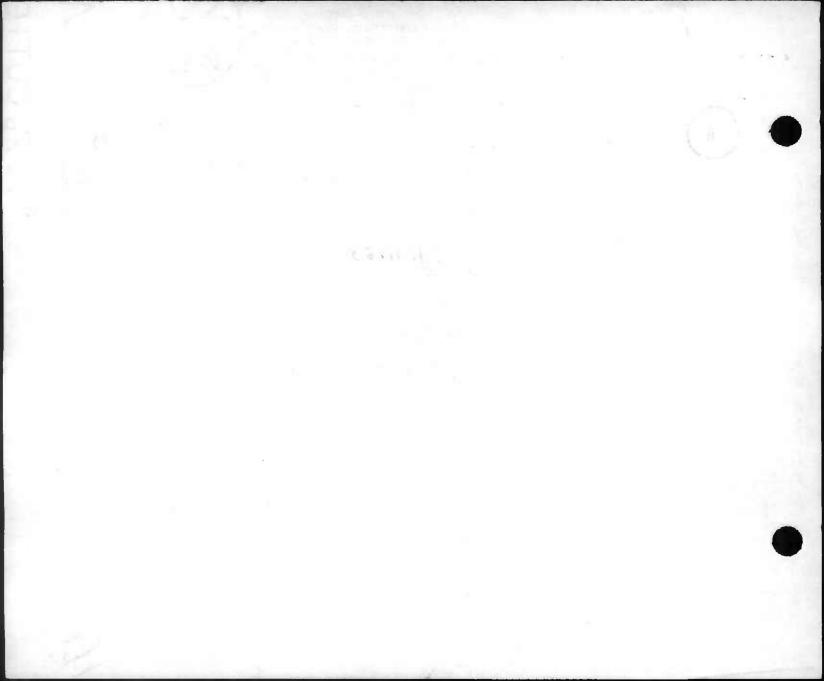
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME WAT THE R Joseph Dickson October 31. 26 HOUR 9 84 5-30 IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 63 Male White 24, 1921 June BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE _ (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IMARS Pennsvlvania U.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Wash. (JENOT IN SUCH EACILER, GIVE STREET ADDRESS) Mechanic BRLTIMORE BALTIMERS GRNERAL Aluminum SUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY Anne 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland 429 Browning Court Arundel YES NO X Glen Burnie FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDLE - Yest + Stanley Dickson Rose Pietrowski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAISECUTITU ADDRESS IN FORMANT (Wife) Same as (IF YES, GIVE WAR OR DATES) Yes W.W. 721-07-0658 Mrs. Theresa J. Dickson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lors(a), (b), and (c).) PART I. DEATH WAS CAUSED BY trres1 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES \square 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) CYPEET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on and that in (my) (our) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURI 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRI 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem.Pk. CITY OR TOWN Entombment STATE Glen Burnie, Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

uneral Home, Glen Burnie, Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

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MPORTANT



TO HOSPITAL OR ATTENDING PHYSICIAN: The law

ottending physician

BP.

DHMH - 16 50M 4/82

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL

6010 REISTERSTOWN RD.

to	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENT PHYSTINE CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	A MIDDLE JEROME	1 7.	ner	20. DATE OF BEATH MON	10 11070		
	3. SE	\ \ALE	4. RACE WHITE	1	OF BIRTH OAY ROY YEAR	6. AGE (III) YEARS LAST BIRYHDAY	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS		
35	M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTRY USA	WIDOW	ED DIVORCED	BALTIMORE CITY OR CO			
notified 2	B.	TY OR TOWN OF DEATH ALT IMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINE INDUSTRY AT		
of wast be	139.	TO MANY EAND 136 COU	IN OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN	134 INSIDE OTY LIMITS?				
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medicol	160 V	VAS DECEASED EVER IN U.S. A		5196	17. INFORMANT MRS. 6204 WIRT AV	IRENE BALTO.	NER MD 21215		
jury, ar other traumatic even							Mellite 5-6 year		
2 ms ony it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 200	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA' YES \ NO \		
d 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DI 118 EITHER NOTIFY MEDICAL EXAMINATED CONTRIBUTION OF COURTED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I			
orkedo	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	-	STREET	CITY OR TOWN	COUNTY 5		
MPORTANT: If Item 21 is m	-	saw the deceased plive a	ot) view the body ofter death.	76	DEGREE ATTENDING PHYSICIAN 1720. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the causes sta		
¥-	23e. E	BURIAL, CREMATION, REMOVA	236. DATE NOV • 1 • 1984	NAME OF C	EMETERY OR CREMATORY	BALTIMORE	COUNMARYLAND		

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LEVINSON & BROS., IN

STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic

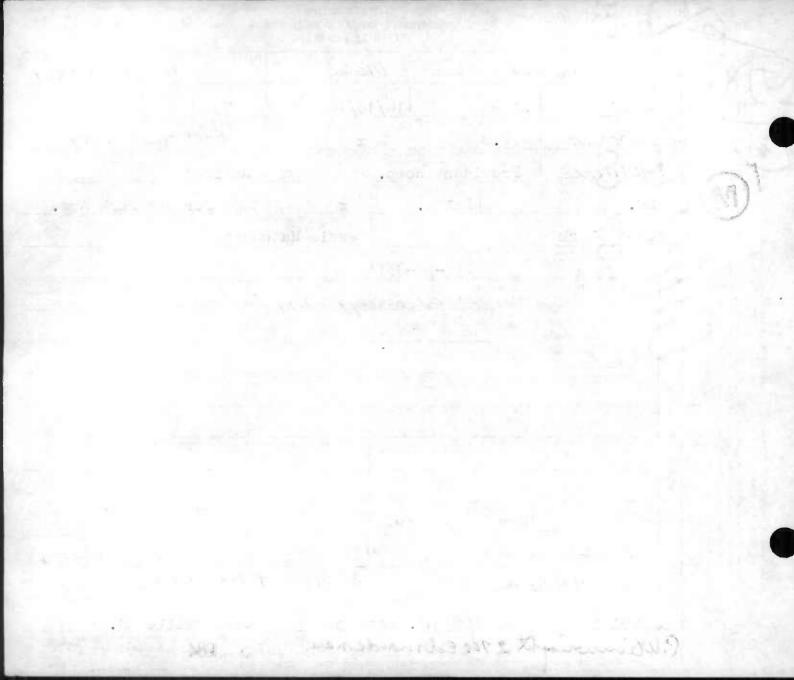
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 6 8 4 3

		REGISTRAR REG. NO.								
		CEASED NAME FIRST E OR PRINT) AG	NES L		166S	2a DATE OF DEATH	io 4		26 HOUR 7255 PM	
	3. SE	Х	4 RACE	S. DATE O		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS	
	1	Female	Black	1007	10/10 YEAR	7 3	YRS.	NIHS DAYS	HOURS MIN.	
-		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O			
5		Baltimore	U.S	WIDOWI		BALT	IMORE	CIT	Y MD	
9		BALTIMORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Provide	, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O Retired		12b. KIND OI INDUSTRY	F BUSINESS OR	
(5)	473 0. S	Md.	DUNTY 13t CIT	DENCE BEFORE ADMISSION) Y OR TOWN 1to.	13d. INSIDE CITY LIMITS? YES NO		rest P	2/ark A	Ave.	
		Moses Clark	WIDDLE	LAST	Bessie Hate			LAST	1	
		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	5-14-831	17. INFORMANT	ADDR	ESS			
		PART I. DEATH WAS CA	DIATE CAUSE (a)	to), (b), and (c). I CONSEQUENCE OF	espiratory	failure		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	
1	CERTIFICATION		NT CONDITIONS <u>CONTRIBU</u>	UTING TO DEATH BUT		NOT RELATED TO THE TERMINAL DISEASE OR CONT N WAS PERFORMED 200 AUTOPSY?			IGS USED OF DEATH?	
	RTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	MV.	Tab. How belong a course	YES NO	YES		NO 🗌	
}	MEDICAL CI	OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CAUSE OF CHEET CAUSE OF	F DEATH HOUR A.M. MC	ONTH DAY YEAR	211. LOCATION STREET	CITY OR TO		COUNTY	STATE	
		270.1 certify that (I) (this has saw the deceased alive		19 <u>84</u> . o	. 19	to 10/4 death accurred on the d	FF /			
1	230 0	A. SHA	BAIK	122. NAME OF S	PROVIDEN	T HOSPI		•	,,,,,	
		BURIAL, CREMATION, REMOV	10/8/84		emetery or crematory	Crownsv	The same of the sa	Id.	STATE	
	G	UNERAL DIRECTOR	of 1x 27001	Edman	den am. 250 DATE	T 5 1984	GUNA DA	R'S SIGNATI	andell	



completely filled in by the funeral s

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

STATE OF MARYLAND

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	1.	STATE REGISTRAR		DEPART		ICATE OF DEATH	YGIENE REG. N	O O "		
)	TYP	CEASED NAME FIRST	VArd	CHARLES	Di	451 445	20 DATE OF DEATH	MONTH DAY		5 1. M
	3. SE	x Male	4. RACE Bl	.ack	5. DATE C		6. AGE (IN YEARS LAST BE	YRS.	TOUR TEAM	HOURS MIN.
10000		IRTHPLACE STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALT MORE CITY		DEATH	tu MD
notified	L	A HIMORC	(IF NOT IN SUC	CH FACILITY, GIVE TREE	TADDRESS	HOSP. +A	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126, KIND OF INDUSTRY	BUS NESS OR
d see 5	136.	AL RESIDENCE (# NURSING HOME OF STATE 13b COUL		Balti	NN	13d. INSIDE CITY LIMITS?	3001 Gar	/ ZIP CODE	Blvd.	21216
XX	14. F	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
medicol		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GI	MED FORCES?	166. SOCIAL SEC 218-01		17. INFORMANT Oueen Ha	yes 3001 G		n Blv	
it, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), a	nd (c).)		, , , , , , , , , , , , , , , , , , , ,			NATE INTERVAL
ceven			TE CAUSE (o)	CAR	DIOP	or wonaki	ARRES	N	one	- Hour
other traumon		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEOL	CER	of the	PROSPATE		OWE	year.
injury, o	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ROLL VRE								
saws any	CERTIFICATION	190 DATE OF OPERATION - 10/15/84	19b. COND	AN CE		ROSPATE	206 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES C	GS USED OF DEATH? NO
or Item 18 st		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)		M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)	
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
21 is mo		220.1 certify that (this hosp saw the deceased olive on above, (we) (did) (d	10/2	7 19	841,0	nd that in (our) opini	on death accurred on the c	7 . 19_ late and hour an		not ((we) fast ouses stated
ate Dept.		22b. SIGNATURE	cy	Scale	re-	DEGREE ATTENDING PHYSICIAN			221. DATES	1GNED SY
MPORTANT:		STEPHEN		SEAB	RON	22e ADDRESS				
s <u>s</u>		BURIAL, CREMATION, REMOVAL	23b. DATE 11/1/			emetery or cremator	Owing	s Mil		MD
4/83		uneral director Wm. C. March	F/H 1	L101 E.	Nort		OV 2 1984	256. REGISTRAR		

DHMH - 16 50M 4/83 (VRA 15, 4)

Edward Entres Diggs 10-27- Esp Bartmore Est. Dartmare Pravident Hospital In the second se The second party to the second

Agreed by the attending physicion and completely filled in by the funeral direction. The please remove carbon papers. Pages 1 and 2 should be filed within 77 harm after buriol, cremation, or removal.

must be posified at once

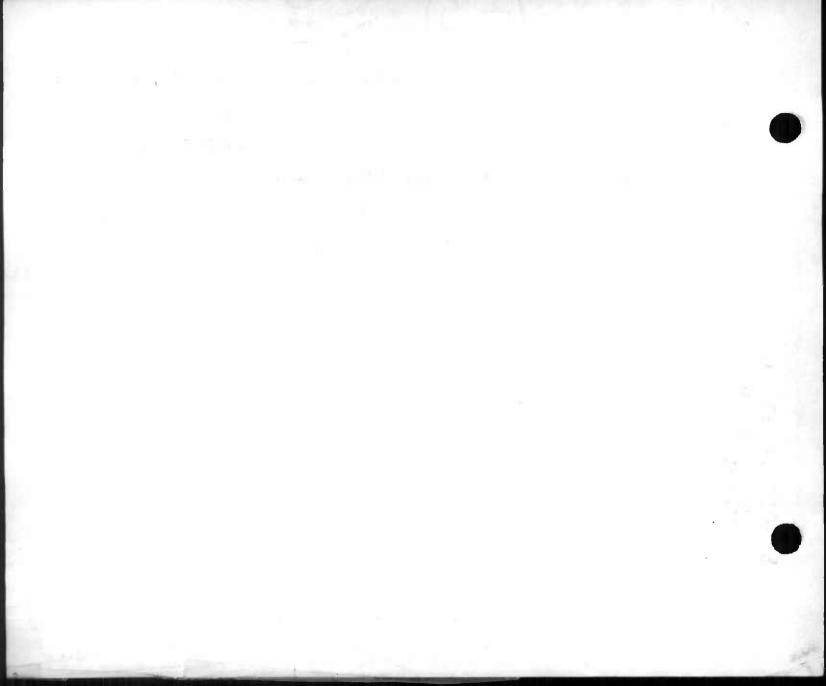
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

á	20	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
7		CEASED NAME FIRST	MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DAY	Y YEAR 21	h HOUR
	7	THEOD	ORE R.	DIG	GS JR.	OCTOBER	23.198	84	2:45A
	V 5E3		4 RACE	5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY) IF	UNDER LYEAR IF	F UNDER 24 HRS
1	M	ale	Black	7	4 28	56	YRS.	NIHS DAYS H	IOURS MIN.
7	7a BIF	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	8 AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
1		N.C.	USA	WIDOWE		BALTIMO	RE CIT	Y	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF E	
	BZ	ALTIMORE			S HOSPITAL	(TIPE OF WORK FOR MOST	SP WORKING [IFE]	INDUSTRI	
1	USUA 13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		21229
2		MD	Baltin		YES NO	4408 016		rick 1	Rđ.
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		1,450	
-		Theodore	R, Diggs		Lucy			num	
		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
		Yes, GIV	240-36-	8057	Willie M.	Harringto	n 500	E. Ho	lley St
			nly one couse per line for (a), (b), a	nd (c).1				APPROXIMA SETWEEN ON!	TE INTERVAL SET AND DEATH
		PART I, DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) RIGIN	- HE	ART PAILURE			121	fours
			DUE TO, OR AS A CONSEOL	ENCE OF	1				
		Conditions, if any, which	(1b) MULTI		162MONMY	EMBOLI			
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	ENCE OF	1 -				
		underlying cause last	(c) K1613.		, , , , ,	RIMBUS			
	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART Tra-	
-	CERTIFICATION	19s DATE OF OPERATION .	19b. CONDITION FOR WHICH	ODERATIO	ALLAWAS DEDECIDANED	20g AUTOPSY?	JON IE VEC V	VERE FINDING	CUCED
	FICA	10/22/04	Cardiosenic		ock		IN CERTIFYIN	NG CAUSES OF	F DEATH?
	ERTI	210. ACCIDENT WAS UNDERLYING		2/4	21¢ HOW INJURY OCCUR	YES NO	YES		NO 🗌
		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D		THE HOW MAJORI OCCOR	LEMIER MATCHE OF INT	JAT IN HEM IS PARI	TORPART 2]	
	MEDICAL	(# EITHER NOTIFY MEDICAL EXAMINER	P.M. 71e PLACE OF INJURY	19	711 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
		27a L certify that (1) (this haspi	ital) attended the decebsed fram.		10/20 10 8/	10 /0	1/w 10	A she	at (i) (we) last
		saw the deceased alive an	10/22/ 10	84 . 01	d that in (my) (aur) apinion	death accurred on the c	late and haur o		. ((/
ì		224 SIGNATURE/	at yew the body after death.		DEGREE			122L DATE SIG	SNED /
ì		//// //	1 Aggren (MO ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN D	161	23/84
_		274 PHYSICIAN'S NIME ITTE	offen 1	1	22e APDRESS	/	/	1	14
		650KG 11	Y/JAGOVERN VV	/	Johns 1	tookins	1 Ancer	tol	
	23a. B	URIAL, CREMÁTION, REMOVAL	MIN DATE 23c	NAME OF C	EMETERY OR CREMATORY	IZZZ LOCATION	INVSPL	100	
	(:	Burial	10/29/84	Garri	son Forest	OMTITE	s Mil	DiSir	MD
	24 FU	INERAL DIRECTOR			25a AA	E RECID BY REGISTRAN	256 REGISTRA	R'S SIGNATUR	E
	TATTO	n March F	F/H 1101 PDRESS 1	North	ave.	1 2 4004	Culi- K	11 4	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hairtiefaned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

tor, page 3 after death

STATE OF MARYLAND

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1. DECE (TYPE O			CERTIFICATE OF DEATH	REG. N	0.	i	
	EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HO	OUR
3. SEX	OR PRINT)	Ε.	DITT				
3. 3E A	HENRY	4. RACE	DIT.T. 5. DATE OF BIRTH	OCTOBER 1			20 P
		T. RACE	MONTH DAY YEAR	W. AOE (M. COMMON COMMO	MONTH		
	MALE	WHITE	8 17 02	82	YRS.		
7a. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF D	EATH	
Ma	ryland	U.S.A.	WIDOWED DIVORCED	¬ .			
	Y OR TOWN OF DEATH		WIDOWED DIVORCED [Baltimore 120 USUAL OCCUPAT	City	b. KIND OF BUSI	NESS
IV CII	TOR TO WIT OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		LITYPE OF WORK FOR MOST C	OF WORKING LIFE) IN	DUSTRY	
	altimore	Maryland Genera	al Hospital	Funeral Di Embalme	rector	Funera	Тп
USUAL 130 ST	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)				
	ryland	Baltimore		501 W. Fra		reat 2	120
1	THER'S NAME	Balcinor	15. MOTHER'S MAIDEN		IIKIIII BC	reer z	120
13.101	FIRST	MIDDLE LAST	FIRST	WIDDLE		Hoepne	
	Charles	W. Dil		eth A.		ноерпе	L
16a W	AS DECEASED EVER IN U.S. AF		IRITY NO. 17. INFORMANT	ADDRI	ž1229		
(AE	ES NO OR UNKNOWN) (IF YES GP	212-03-	9997 Hilda C S	imonelli 820	S Cato	n Ava	
				Imoliciti 020	J, Jaco	APPROXIMATE IN	TERVA
	DADT I DEATH WAS CALISE	nly one cause per line for (a), (b), one			-	BETWEEN ONSELA	ND DE
	IMMEDIA	TE CAUSE (0) Respirato	ory Failure				
	III III III						
		DUE TO, OR AS A CONSEQUE					
	Conditions, if ony, which	(b) Carcinoma	of the lung				-
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				
	underlying cause lost		Obstructive Pulmo	namu Dicasa			
1	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TE		DITION CIVEN IN	PARTIL	
	THE STORY CAN	CO. DITIONS CONTRIBUTING TO	DOTA OF REENTED TO THE TE	THE DIDEAGE OF COR	D.I.O. OITEH		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?		RE FINDINGS U	
FIG				VEC NOO	_	CAUSES OF DE	
1 E		The Thirt of Name	Tal- How haves and	YES NO	YES [NO	
	210. ACCIDENT WAS UNDERLYING	110110 4 44 44041711 0	AY YEAR ZIC HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM TO PART TO	OR PART 2)	
1 .	OR CONTRIBUTING CAUSE OF DE	AJII	19				
A	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION				
DICAL		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	OWN C	OUNTY	STATE
O L	WHILE O NOT WHILE O		ARM EIC]				
MEDICA	WHILE NOT WHILE AL WORK		Ann Cicy				
MEDICA	22a I certify that (**) (this hosp	ital) attended the deceased from_	October 13, 19 8				
MEDICA	22a I certify that (**) (this hosp	ital) attended the deceased from_	October 13, 19 8				
MEDICA	220 Certify that (1/2 (this hasp sow the deceased alive or above, 1/2 (we) (did) (2/2/2)	ital) attended the deceased from_	October 13, , 19 8, 94 , and that in (ng) (our) opini		late and hour and	from the couses	stote
MEDICA	22a I certify that (**) (this hosp	ital) attended the deceased from_	October 13, 19 88 84 and that in (ng) (our) opini	on deoth occurred on the d	lote and hour and	from the couses	state
MEDICA	220 Certify that (1/2 (this hasp sow the deceased alive or above, 1/2 (we) (did) (2/2/2)	ital) attended the deceased from_	October 13, , 19 8, 94 , and that in (ng) (our) opini	on death occurred on the d	late and hour and	from the couses	state
MEDICA	220 Certify that (1/2 (this hasp sow the deceased alive or above, 1/2 (we) (did) (2/2/2)	ital) attended the deceased from	October 13., 19.88. 84. and that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 12te. ADDRESS	on death occurred on the d	late and hour and	from the couses	stoted
MEDICA	22e.1 certify that (1/2 (this hosp sow the deceased alive or above, 1/2 (we) (did) (1/2 (1/2)) 22b. SIGNATURE	ital) attended the deceased from	October 13., 19.88. 84. and that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	ON death occurred on the d MEDICAL STA DIRECTOR PHYSIA	FF CIAN	from the couses 22c. DATE SIGNE 10/11/	state
MEDICA	22a PHYSICIAN'S NAME (TYPE OF BURNAME)	ital) attended the deceased from	October 13., 19.88. 84. and that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 27e. ADDRESS C/O Mary.	on death occurred on the d MEDICAL STA DIRECTOR PHYSIC	FF CIAN	from the couses 22c. DATE SIGNE 10/11/	stoted
WEDICA 230. BU	22e. I certify that (** (this hosp sow the deceased alive or above, ** (we) (did) (****) 22b. SIGNATURE 32d PHYSICIAN'S NAME (17PE C. B. P. BARM URIAL, CREMATION, REMOVAL	ital) attended the deceased from	October 13., 19.88. 84. and that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	on death occurred on the d MEDICAL STA DIRECTOR PHYSIC DIRECTOR PHYSIC DIRECT	Hospita	from the couses 271. DATE SIGNE 10/11/	stoted
WEDICA 230. BU	22a PHYSICIAN'S NAME (TYPE OF BURNAME)	October 16. 19 Noview the body offer death. OR PRINT! H. SAMFORD 23b. DATE 23c. 1	October 13. 19 88 84 ond that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 27e. ADDRESS C/O Mary NAME OF CEMETERY OR CREMATOR	on death occurred on the death occurred on the death occurred on the death of the death occurred on the death occurred on the death occurred on the death occurred to the death occurred on the death	Hospita	from the couses	STATI
73a. BU	27a I certify that (y (this hosp sow the deceased alive or obove, w (we) (did) (***) 27b. SIGNATURE 32d PHYSICIAN'S NAME (TYPE (**) WRIAT, CREMATION, REMOVAL URIAL, CREMATION, REMOVAL PRECIPY)	October 16. 19 Noview the body offer death. OR PRINT! H. SAMFORD 23b. DATE 23c. 1	October 13, 19 88 84 ond that in (ng) (our) opini DEGREE ATTENDING PHYSICIAN 27e. ADDRESS C/O Mary NAME OF CEMETERY OR CREMATOR Dudon Park Cemete	MEDICAL STA DIRECTOR PHYSIC And General PART 23d LOCATION TY Baltimo	Hospita	from the couses 221. DATE SIGNE 10/11/ INITY Mat	STAT

DHMH - 16 50M 4/83 (VRA 15, 4)

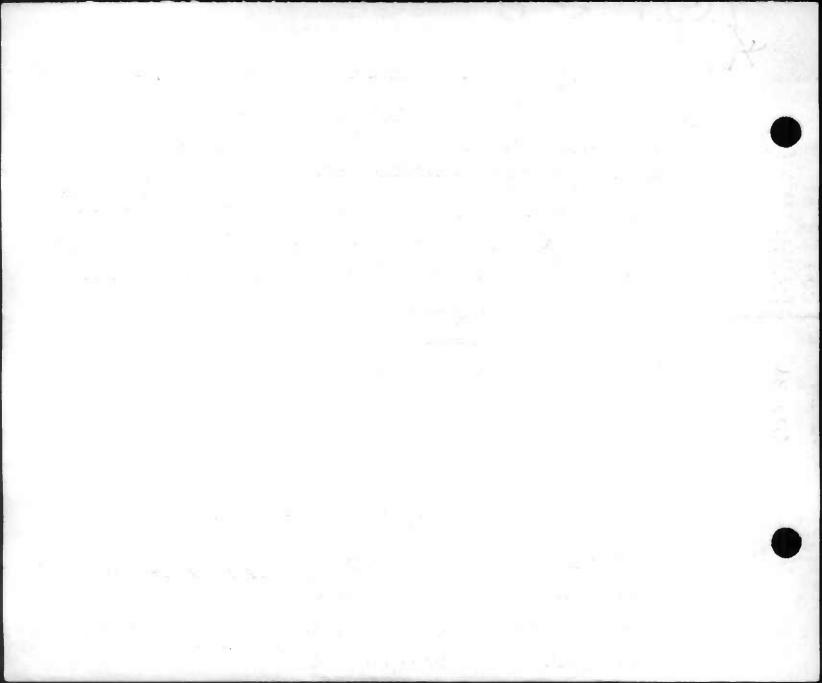
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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1	1-	STATE REGISTRAR	21.70	CERTIFICATE OF DEAT	and the same of th	0.
\		CEASED NAME FIRST CAROL	Jane	DIMMICK	OCTOBER	MONTH DAY YEAR 26. HOUR P
)	J. SEX	emale	White	5. DATE OF BIRTH	73 7 7	MONTHS DAYS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARR	IED 📙	DR COUNTY OF DEATH ORE CITY MD.
10	D			PRINS HOSPITA	ON 126. USUAL OCCUPAT	ION AND OF BUILDINGS OF
3	130 5	DD VA	HI CITY OR TO	YES NO	□ 11009 Bes	
4	0	FIRST CODGE	Durne	15 MOTHER'S MA	Jane Jane	Brandt
2	160 M	VAS DECEASED EVER IN U.S. AR			n G. Dimmid	K- #13
		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), (b) BY: E CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF		480
			,			1 .
		cause (a), stating the underlying cause last.	107	eukemia		lyr.
	HON	cause (a), stating the underlying cause tast. PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	eukemia O DEATH BUT NOT RELATED TO T		
7	TIFICATION	cause (a), stating the underlying cause last.	ONDITIONS CONTRIBUTING TO	eukemia		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	AL CERTIFICATION	cause (a), stoting the underlying cause fast. PART 2 OTHER SIGNIFICANT C 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT RELATED TO TO	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1	MEDICAL CERTIFICATION	cause (a), stoting the underlying cause fast. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 TIME OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT RELATED TO TO THE OPERATION WAS PERFORMED DAY YEAR 19 711 LOCATION	200 AUTOPSY? YES W NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
1		Cause (a), stoting the underlying cause fast. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER LINDURY) 21d. INJURY OCCURRED WHILE NOT WHILE ALT WORK 22a. Leertify that (1) (this hospi) sow the deceased alive on	19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIce) 10d) ottended the deceased from	CH OPERATION WAS PERFORMED DAY YEAR 19 210 HOW INJURY STREET 19 11 LOCATION STREET	OCCURRED (ENTER NATURE OF INTA	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE: NO NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO
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1	MEDICAL	Cause (a), stoting the underlying cause fost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EIIHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE COOPER SOW the deceased olive on obove, (b) (we) (did) (did no 27b SIGNATURE)	19b CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICE	DAY YEAR 19 211 LOCATION SIREET DEGREE ATTEN 210 ADDRESS T	OCCURRED (ENTER NATURE OF INJUDE OF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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DUE TO, OR AS A CONSEQUENCE OF UNITY NO GOVERNMENT OF THE PROTECTION OF THE PROTECT	he the the the the the the the the the t	1	MARRIED LINEVER MARRIED DEVER	Baltimore C	MD. KIND OF BUSINESS OR
THE PART I. DEATH WAS CAUSED BY: INCORPORATE OF IN	212	13a. 5	altimore City University of Maryland Ito ALRESIDENCE (IF NURSING HOMF OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 137 CITY OR TOWN 137 INSIDE CITY LIM	115? 13e.STREET ADDRESS / ZIP CODE	DUR 211 21216
Unknown If yes, give war or dates) 238 18 6577 DEED (** on 3826 Boarman Avenue of the property of the prope	marytan ted within ompletely f	14 F/	ATHER'S NAME WILLIAM MIDDLE LAST COPER PEOR PEOR	NNAME MIDDLE Ed	Tank
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underlying couse lost. Column Condition For Which Operation Condition Was Performed Con	PRESTON the death of the ottendin emove condin smotion, or or traumatic		Conditions, if ony, which gove rise to immediate (b) Cenebro Vascular	Acadent 1	15 days
THE PROPERTY OF THE PROPERTY O	res that need by a please ournal, cr	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN P	ART Ito
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)	ne low request hos been street to permit. The permit the ows ony injury to the contract to the	TIFICATIO		200 AUTOPSY? 206. IF YES, WERE IN CERTIFYING C	AUSES OF DEATH?
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21d INJURY OCCURRED 21d INJUR	DIVISION BING PHY After this cos the but lith and M narked or	MED	WHILE NOT WHILE AT WORK STREET, FACTORY, OFFICE FARM ETC.) STREET	1 1	
22a I certify that (this haspital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	TTENI Ortol TOR: for us		sow the deceased alive an 10/24 19/19, and that in (my) (our) a obove, (1) (we) (did) (did not) view the body after death.	pinion death occurred on the date and hour and fro	
THE DISCLANT NAME (TYPE OF PRINT) 10/29/34 1224 PRYSICIAN S NAME (TYPE OF PRINT) 1226 ADDRESS 1226 ADDRESS		_	224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e, ADDRESS	IAN DIRECTOR PHYSICIAN	0/34/84
	TO HO retoine TO FU should with th	23a.	Daniel Brooks II. 10	TORY 234 LOCATION	Y N°C. STATE
BP	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR 2:	O DATE REC'D. BY REGISTRAR 156 REGISTRAR'S S	GNATURE

/	1	t	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FOR - STATE

6

	REGISTRAR						REG. NO).		
	CEASED NAME	FIRST	^	AIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR -
(1461	OR PRINT)	DE		B.	(T)	IYON	10	0 2	284	0950 M
3. SE	X	4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	male		16/11/1	LIZ	MONTH	11-13-53	3/	1	ONTHS DAYS	HOURS MIN.
7n B	RTHPLACE (STATE OR	FOREIGN 75	CITIZEN OF	WHAT COUNTRY		TT-T3-22	9 BALTIMORE CITY O	P COUNTY	OF DEATH	
	COLINTRYL .			WIAT COOK THE	MARRIE					
	Californ		USA		WIDOWE		Baltin			MD.
12	OK TOWN OF DE	ATH I	LIE MOT INTERIO	WEACH ITY COVE STORE	(222BODDESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			OF BUSINESS OR
5	Altimo	na	Un	iversit	y Hos	spital	UNKNOW	N	NURSI	NG HOME
	AL RESIDENCE (IF NUR	SING DALE OR O	0 40111011014	13c. CITY OR TO	WE UDMISSIONAL	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COME	3099	24550
V	irginia	VCamp	bell	Eving		YES NO	Rt 2, Box	_		/
dense more.	ATHER'S NAME					15 MOTHER'S MAIDEN NAM	ME	-,-,		
1	Kerrand	MI	DDLE	Dixon		Dorothy	WIDDLE		Whit	
	VAS DECEASED EVER	IN U.S. ARM	FD FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		24550
1	YES, NO OR UNKNOWN)	LIF YES, GIVE Y	WAR OR DATES)			4 Edith Dix	on D+2 Pos	, 2 E		
	165	Vietr	Iaill	214-0	0-939	# EUICH DIX	OII, RLZ, BO	2,5		
	18 CAUSE OF DEAT PART I, DEATH W			0	1	Tall			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Triki i beriii i	IMMEDIATE		Kespi	rator	y tailure				
150			DUE TO, OF	R AS A CONSEQU	UENCE OF	0, ~.	1 0 1			
1	Conditions, if any	, which	(b)_	Pdu	H Re	spiratory Dis	prince 22sms	SUMON,		
	gave rise to important to gave (a), status		DUETO	R AS A CONSEO	HENCE OF	0				
0	underlying cause		1000	SHO	1				11000	
	PART 2 OTHER SIG	NIFIC ANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVE	EN IN PART 1	a.
z	TAKT 2 OTTEK SIO	-				NOT KEEPIED TO THE TERM	MAL DISEASE ON CONT	7111011 0111	214 01 71 7301 110	
CERTIFICATION	190 DATE OF OPERA	THORA		TION FOR WHICH	- /	N WAS PERFORMED	20a AUTOPSY?	120h JE YES	WERE FINDIN	VGS LISED
F	C 1 20	IACLI				0		IN CERTIFY	YING CAUSES	OF DEATH?
E	SEDICI	,1969			1150101	e Uneurysm	YES NO	YES		NO []
8	OR CONTRIBUTING		21b. TIME O HOUR A./		DAY YEAR	21c. HOW INJURY OCCURE	1 2 0	1 3	ART I OR PART 2)	
CA	(IF EITHER, NOTIFY MED	CALEXAMINER)	P./		196		obile Acci	den	1	5.0
WEDIC	21d INJURY OCCUR	RED	71e PLACE (OF INJURY	FARA FIC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
2	AT WORK NOT WE	HILE			,,,,,,,,					
	22a 1 certify that (1)	(this haspita	l) attended the	e deceased from	SOP	29 , 19 84	_, to Oct	22	19_84	that (I) (we) last
	sow the deceas	ed alive on_		19.	84,0	nd that in (my) (our) opinion (death occurred on the do	ite and haur	and from the	causes stated
	27b. SIGNATURE	anal (dia nor)	view metaday	offer de in		DEGREE			22c DATE	SIGNED
184	1		112	3/19	N V	ATTENDING PHYSICIAN F	MEDICAL STAF		10/2	18/5
	774 PHYSICIAN'S N	KOME LITERAL	Towns on the	14/1		PHYSICIAN [DIRECTOR PHYSIC	IANLY		
		1	Do.	No.		IT ADDRESS				
	Lanie	1 (1)	1 1541	wb						
	BURIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	(Secont)		70/00	101	- •		and the control of th	9 00	4	

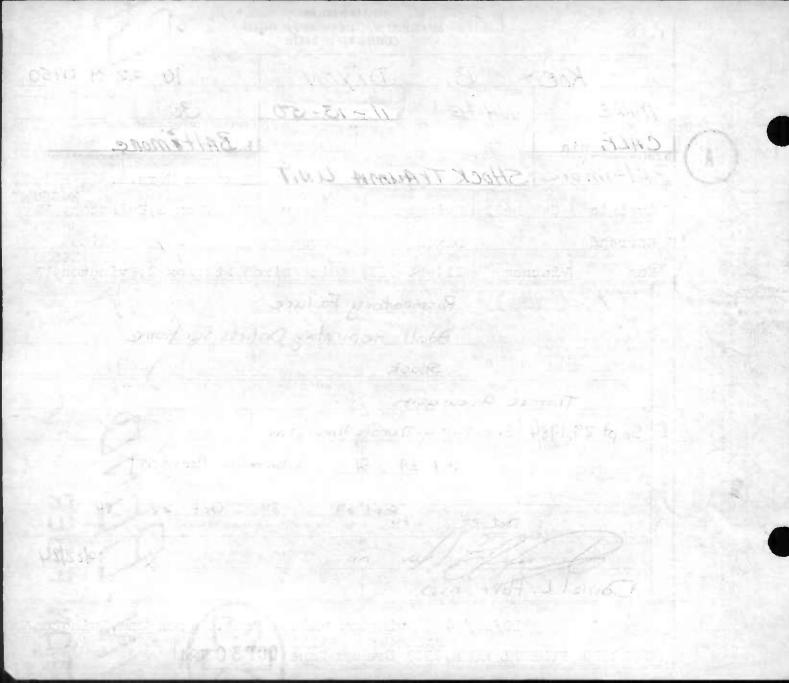
DHMH - 16 50M 4/83

(VRA 15, 4)

Removal
24 FUNERAL DIRECTOR

Removal 10/23/84 Evington United Meth.Church Cem, Evington, VA

FUNERAL DIRECTOR Balto, Md. 2121375 DATE RECT. BY REGISTRAR 755 DEGISTRAR 755



FOR

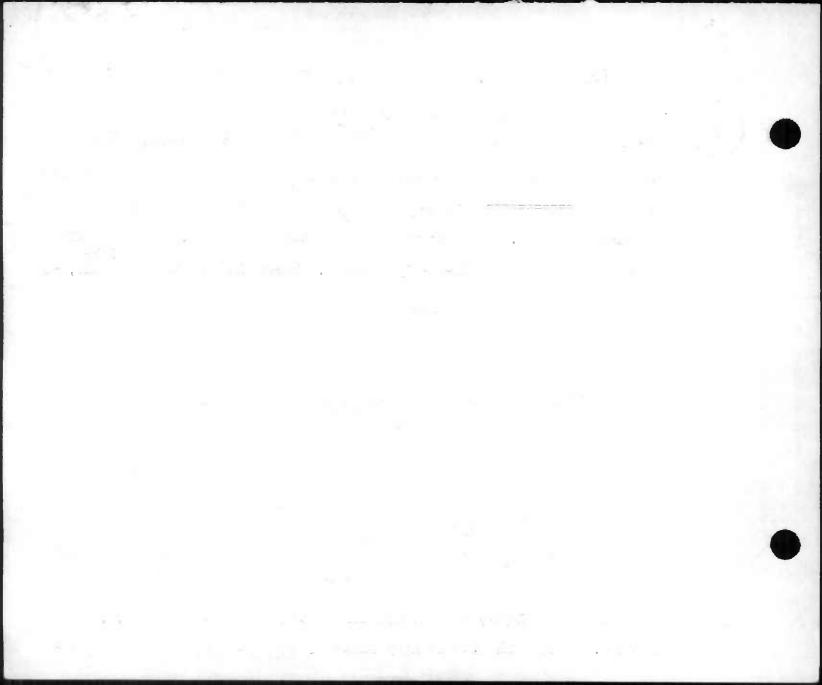
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR				CENTII	FICATE OF DEATH	REG. N	10.		
		OR PRINT)	FIRST	E	MIDDLE	Do	ast agett	20 DATE OF DEATH	MONTH D	284	26 HOUR 5
1	3 SEX	Female		4. RACE	asiani	5 DATE C	DE BIRTH DAY YEAR O O O	6 AGE (IN YEARS LAST BI	YRS.	IF UNDER I YEAR	IF UNDER 24 F
1	7a. BH	RIHPLACE ISTATE OR Maryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
nothine //	10,01	altimore	ATH		FACILITY, GIVE STREET	NG HOME C	PROTHER INSTITUTION Per Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	e Makei
d Sold	13a. S	AL RESIDENCE (IF NUR	13b COUN	OTHER INSTITUTION, ITY	Baltime	PE ADMISSION) OTE	134. INSIDE CITY LIMITS? YES NO		rd Stre	eet 2	21225
Da	14 FA	THER'S NAME Harry	Α	MIDDLE H.	Conno	or	is. Mother's maiden na Mattie	MIDDLE	•		ylor
medicol		VAS DECE ASED EVER		MED FORCES? E WAR OR DATES)	212-74-3		Joe P. Ploce	ek 126 Brei		21012 Arnol	
omer traumatic ev		Canditians, if any gove rise to im couse (o), static underlying couse	mediote ng the	(b)_	r as a conseou r as a conseou	-					
ny injury, or other traumatic ev	ATION	gove rise to im- couse (o), static underlying couse PART 2. OTHER SIG	mediote ng the last	DUE TO, OF	R AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM	FSCVP			
shows ony injury, or other traumatic ev	RTIFICATION	gove rise to im couse (0), static underlying couse PART 2. OTHER SIG	mediate and the last	DUE TO, OI	R AS A CONSEQUE	DEATH BUT	DOWAS PERFORMED	PSCVD 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
tem 18 shows ony injury, or other traumatic ev	ICAL CERTIFICATION	gove rise to im couse (0), stating underlying couse PART 2. OTHER SIGNATE OF OPERA 218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	MEDICANT C TION DERLYING CAUSE OF DEA	DUE TO, OI CONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 197 CONDI 198 CO	R AS A CONSEQUENT OF INJURY M. MONTH D M.	DEATH BUT	DA A DERFORMED	PSCVD 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
orked or Hem 18 shows ony injury, or other traumatic ev	MEDICAL CERTIFICATION	gove rise to im couse (o), stating underlying couse PART 2. OTHER SIG (19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last NIFICANT C TION DERLYING CAUSE OF DEA (CALEXAMINER) RED	DUE TO, OI CONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 197 CONDI 198 CO	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY OF INJURY OFFICE.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211 LOCATION STREET	PSCVD 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
frem		gove rise to imcoves (0), stating underlying couse PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 21d. INJURY OCCUR 22a. Certify that (I) saw the decease above, (I) (we) ()	TION DERLYING CAUSE OF DEA ICAL EXAMINER) RED HILE CITY IN THE CONTRIBUTION IN THE C	DUE TO, OI (c) (c) (c) (d) (e) (e) (e) (e) (f) (f	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY ABEET, FACTORY, OFFICE. The deceased from 19	DEATH BUT H OPERATIO DAY YEAR 19 FARM, EIC)	216 HOW INJURY OCCUR	280 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	206. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES RI 1 OR PART 2) COUNTY and from the	NGS USED OF DEATH? NO
NT; If Hem 21 is morked or Hem 1		gove rise to im couse (0), statitudentlying couse PART 2. OTHER SIG. 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 21c. 1 certify that (1) saw the decays	DERLYING CAUSE OF DEA (CAL EXAMINER) (Ithis hospit and did) (did not	DUE TO, OI (c) CONDITIONS CO 196 CONDI 216. TIME O HOUR A. P. 216. PLACE ((AT HOME, STR	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY ABEET, FACTORY, OFFICE. The deceased from 19	DEATH BUT H OPERATIO DAY YEAR 19 FARM, EIC)	211 LOCATION STREET 211 HOW INJURY OCCUR 211 LOCATION STREET 212 19 And that in (my) (aur) apinion ATTENDING	280 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	206. IF YES, IN CERTIFY YES URY IN ITEM IS PA	WERE FINDING CAUSES	NGS USED OF DEATH? NO
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DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the haspital or attending physician.



oge 4 may be

death certificate be executed within 24 hours ofter

requires that the

ATTENDING PHYSICIAN: The low

completely filled in by the

attending physician

by the

TO FUNERAL DIRECTOR: After this certificate has been

etoined by the hospital TO HOSPITAL

should be detoched for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked at Item 18 shaws any injury, at other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

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2	No.	and the	Freder	Ì
1	()	6.3		- 8
6.00		1		

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST		ances	AST 2	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(11	PEOR PRINTS RUTE	t tank	#\$	OKAN	10 2	9 84	5:050M
3. S	EX	4 RACE	5. DATE C		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	W/hite	MONTH	25 73	7/ YRS	AONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	. 0	BALTIMORE CITY OR COUNTY	OF DEATH	
751	IHS burgh PA.	V. S.	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMU	et co	Y MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		USUAL OCCUPATION		BUSINESS OR
0.	392TAMORE	GOOD S	AMARI	TAN HOSP 1	741/16IA	INDUSTRY	
130	STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE INTY		4.7	STREET ADDRESS / ZIP CODE	4.0	RN 2120
	M)	1340	(I Cliy	YES X NO	5426 Bel	arrib	RD 2100
JI W.	FATHER'S NAME	MIDDLE	ST A A	15. MOTHER'S MAIDEN NAME	MIDDLE	A LAST	
	MANIO DI	ANIEL DO	RAN	SARAH	3/4106	PICA	LARD
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT MED ROL	pert W Beery		
	No	210-	01-6536	VIII VIII V	9 Walther Blvd	212	74
	18 CAUSE OF DEATH (Enter of		(b), and (c)	1	1	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (0) CANO Y	-espill	atory arres	7		
1	in the second		ISEQUENCE OF	. /	1150	120	
1	Conditions, if any, which	DUE TO, OR AS A CON	A CLAPON I	like OKEUMONIA	c aushlesse	Tike	
1	gave rise to immediate couse (a), stating the) (0)	17011	The second second			
	underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF		•	1	
	DART 2 OTHER SIGNIES AND	(c)	IC TO DE ATH BUT	NOT BELLIED TO THE TERMINI	AL DISEASE OR CONDITION GIV	CALIBLDADT 1	
Z	PART 2 OTHER SIGNIFICATOR	COMPINONS COMPRIBOTION	IG TO DEATH BUT	NOT KELATED TO THE TERMIN	AL DISEASE OR CONDITION GIV	EIN IIN FAKT 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDING	35 LISED
FIC					IN CERTIF	YING CAUSES C	OF DEATH?
- 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		11. HOW IN HURY OCCUPATED		S	NO []
	OR CONTRIBUTING CAUSE OF DE	110.110 1 11 11 11 11 11 T	H DAY YEAR	THE HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)	
S	(IF EITHER, NOTIFY MEDICAL EXAMIN		19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
^	AT WORK NOT WHILE AT WORK					2.11	
	220 I certify that (1) (this has		from wct	27 19 89	to Oct 29	19 7 , 11	not (I) (we) lost
	sow the deceased alive a	ot) view the body ofter death.	19 7 . 01	nd that in (my) (our) opinion dec	oth occurred on the date and hou	and from the co	auses stated
1	THE SIGNATURE			DEGREE		224 DATE S	IGNED
	600	1/			MEDICAL STAFF DIRECTOR PHYSICIAN	/11-	29-84
1	TTO PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	A P	1,00	
	RAMAMA	L. ROBINS	011	good Frayl	& DOLVE VO	mirlal	COLLINA
22-	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	73d LOCATION	AIVE VIIV	O A LIDA
730	Burial Burial				Baltimore, Ma	COUNTY	STATE
	Bullal	11/2/84	Jarue.	ns Of Faith	Tarante, Me	ryrand	

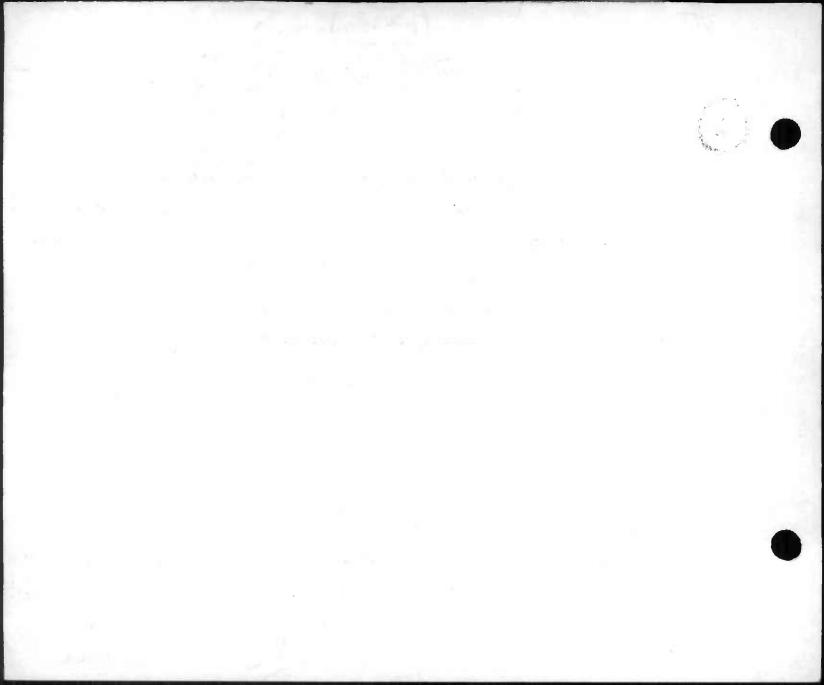
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

11/2/84

Baltimore, Maryland NOV 1 1984 REGISTRAR'S SIGNATURE

lia Tavidson Randalle 1984



executed within 24 hours after death. Page 4

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENDAL HYGIENE

1)	4	- 73	Awa	9
2	Y	Q	~	600

1.	FOR STATE REGISTRAR			EALTH AND MENDAL HY ICATE OF DEATH	REG. NO.	2				
1. DE	CEASED NAME FIRST	MI	DDLE	AST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR				
(TYPE	E OR PRINT) WILL		77	OPN	OctoBER 2	5 1984 1:35 AM				
1 SE		4. RACE	5. DATE C			IF UNDER LYEAR IF UNDER 24 HRS				
1	MALE	CAUCAS	IAN JAN	20 1918	66 YRS.					
10-8	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
0	Maryland	U.S.A.	WIDOWE		Baltimore City	MD.				
₩°C	ITY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HOME C		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
- 10	Baltimore	Good Sa	facility give street address) maritan Hospi	tal	Correction Office	er State				
13a	AL RESIDENCE I IF NURSING HOME STATE 126 COL lary land Ba	or other institution, G Inty Itimore	Randalls town	13d. INSIDE CITY LIMITS?	13. Street ADDRESS 10501 Liberty 1	Rd.2//33				
14 F	charles W. Dor	MIDDLE	LAST	Mary (nee M	agersupp)	LAST				
	WAS DECEASED EVER IN U.S. A		66 SOCIAL SECURITY NO.	17 INFORMANT		I Liberty Rd.				
Y	YES, NO OR UNKNOWN) (IF YES, G	II. Korea	212-26-5097	Mrs Alta Do	rn Randalls	stown, MD. 21133				
CERTIFICATION	Conditions, if any, which gove rise to immediate couse ov. stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR	AS A CONSEQUENCE OF AS A C	AOGNOCAN	MINAL DISEASE OR CONDITION GIVE					
E	11984	MADE	VOGARCINOM,							
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	SAIII .	MONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)				
MEDICAL	21d INJURY OCCURRED	21e. PLACE O		21f. LOCATION	CITY OR TOWN	COUNTY STATE				
X	WHILE NOT WHILE AT WORK	(AT HOME, STREE	LI, FACTORY, OFFICE, PARM, ETC.)		CIT ON TO THE	JIMIE				
	22a. I certify that H (this haspital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10									
	22d. PHYSICIAN'S NAME (TYPE	1)	FAR	GOOD	SAMARITAN	HOSPITAL				
1	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	10/27/	'84 Mt. Par	emetery or crematory can Cemetery	Harrisonville	Baltimore, MD.				
24 F	UNERALDIR&T&B Libe Loring Byers F		ADDRESS		OCT 2 9 1984	RAP'S SIGNATURE Indelle				

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Fogs with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or resident. MAPORTANT: If Item 21 is marked of them 18 shows any injury, or other traumotic execution.

Irom 18 shows any injury, ar other traumatic e

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGIENE CERTIFICATE OF DEATH

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do	0	0	5	J

RE	GISTRAR				CERTIN	ICAIL OI	VENTIII	RE	G. NO.				
1. DECEA	SED NAME	FIRST	1	MIDDLE		LAST		20 DATE OF DEA	нтиом НТ	DAY	YEAR	2b HO	UR
(TIPE OR P	RINIJ	HOWARD		N	TY	RSEY	Sr.		10	19	84	2.7	30a M
3. SEX			. RACE			OF BIF (H	YEAR	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNE	DER I YEAR		R 24 HRS
М	ALE	5 1195	BLAC	K	1	14	1933	5 1	YR		DAIS	III OURS	A.F.
7a. BIRTH	PLACE (STATE	E OR FOREIGN 71	. CITIZEN OF	***	JNTRY? 8	D NEVER	AAABBIED []	9 BALTIMORE C	TY OR COUN	ITY OF D	EATH		
Dar	lingt	on MD	U.S	. A .	WIDOW		VORCED I	BALTIN	MORE CI	TY			MD
10 CITY	OR TOWN OF	DEATH 1			NURSING HOME (OR OTHER INS	TITUTION	12a. USUAL OCCI			b. KIND C	OF BUSIN	IESS OR
BA	LTIMOR	E	LOCKR		V.A. h	OSPITA	L	Constr			ri	Cont	trac
USUAL R		NURSING HOME OF O	THER INSTITUTION,	GIVE RESIDEN	CE BEFORE ADMISSION)	113d. INSIDE C	ITY HAITS?	13e.STREET ADDR	ESS / 7IP CO	ODE			1.2
1	M.D.	Harfo		1	1to	YES [NO 🔀		rena I	- 10	211	54	77.7
14 FATHE	R'S NAME		IDDLE		AST	15. MOTHER	S MAIDEN NA	MĒ	DIE		LAS	ST	
G	eorge	N		Dor		Anni	FIRST _ e	S			Cev		
		VER IN U.S. ARM	ED FORCES?	166 SOCIA	AL SECURITY NO.	17 INFORMA			DDRESS				
	OOR UNKNOWN	I) (IF YES, GIVE	WAR OR DATES!	218-	28-9497	There	sa Toog	ood 4906	Elmer	Ave.	.Balt	t., 1	Md.
		EATH (Enter only	one couse per	line for (a)	, (b), and (c)					L	APPROX	ONSET AN	ERVAL ID DEATH
		H WAS CAUSED	BY:		Sangui	natro	117				~ 6	o his	5.
		BUNCOIATE		P AS A COL	NSEQUENCE OF	(3117			4 1	
C	onditions, if	ony which	(b)		ophage	al VA	rices				~ 2	+d.	45.
9	ave rise to	immediate	10,		NSEQUENCE OF								
	nderlying co		(0)	K AS A COI	NSEQUENCE OF								
PA	RT 2 OTHER:	SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTII	NG TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN	PARI 1	0	
NO N	Circhosis												
19a	190. DATE OF OPERATION 196. CONDITION FOR WHICH					N WAS PERFO	DRMED				, WERE FINDINGS USED YING CAUSES OF DEATH?		
CERTIFICATION 190	1918		B	leed	1079	VARIC	ES	YES NO	Transcare II	YES [CAUSES	NO	
₩ 21c		S UNDERLYING	216. TIME C		TH DAY YEAR		JURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM	18 PART I C	OR PART 2)		
AL OF		MEDICAL EXAMINER	73	M. MON	19								
	I. INJURY OC		21e. PLACE			21f LOCATI		CIT	OR TOWN	(OUNTY		STATE
	WORK NO	T WHILE	(AT HOME, SII	REET, PACTORY	, OFFICE FARM, ETC)	3,446							
220	.1 certify the	ot XX this hospito	ol) attended th	e deceased	from OCTOF	ER 15	. 19 84	toOCT(BER 19	19	84	that XII	(we) lost
	sow the dec	ceased alive on	OCTOB	ER 10	19_840	and that in (in	(our) opinion	death occurred on	the date and	hour and	from the	couses s	toted
221	SIGNATURE	6	1			DEGREE					22c. DATE	SIGNED	
	(-	7. /1	lan	un	-		ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN X		10	119	
22:	PHYSICIAN	SNAME (TYPE OR	PRINT)			22e. ADDRE			1/1				1/
	6.	MA	RROI	NE		1 40	CH R	AVEN	VA				
		ON, REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION	V	-	unty		STATE
{SPEC	RIIR	TAT	10/26	/84	CEASAR	S CEMI	TERY	Darl	ingto		INIT	1	MD.
	RAL DIRECTO	R					25g-DAT		TRAR 25 REC	SISTBAR'S			
Arno	Id Bea	rd 353 H	Countai	n St.	Havre De	Grace.	Md. UL	1 49 80	Tuha	, David	lson-V	andel	56

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

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FOR - STATE

STATE OF MARYLAND

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DEC	NIO
REG.	NO.

REGISTRAR							REC	6. NO.		
DECEASED NAME	FIRST	N	NODLE	l	AST		20. DATE OF DEAT	H MONTH	OAY YEAR	2h HOUR
(TYPE OR PRINT) BEAT	RICE		DOU	GLAS			OCTOBER	15,18	1984	8:00R
SEX		4 RACE		5. DATE C			6 AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
Female	07/0	Black		MONIE 11	23	1919	64	YRS.	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8.	NEVER	AAPPIED T	9 BALTIMORE CIT		Y OF DEATH	
Md.		U.S.	.A.	WIDOWE		VORCED	Balto	. City		MC
Balto.	ATH		OSPITAL, NURSING HOSPITAL, NUR		OR OTHER INS	TITUTION	170 USUAL OCCUP TYPE OF WORK FOR MY HOUSEWT		126 KIND (INDUSTRY	OF BUSINESS OR
30 STATE Md.	13b COUN		Balto.		13d. INSIDE C	ITY LIMITS?	13° STREET ADDRE	ss/zipsot	DE .	21217
Henry	٨	AIDDLE	Harris			Robell	ME	E	Pe	tius
WAS DECEASED EVER		WAR OR DATES)	166. SOCIAL SECUI 218-22-3		17 INFORMA Ellis	Hubbar		Robert	St.	
18 CAUSE OF DEAT	M (Enter only		line for (a) (b) and	dies i			100		APPRO	KIMATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGI	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 198. DATE OF OPERATION 199. CONDITION FOR WHICE						NINAL DISEASE OR C	20b. IF Y	ES, WERE FIND	INGS USED
E							YES NO[IFYING CAUSE	S OF DEATH?
OD CONTROLENIA I	CAUSE OF DEAT		M. MONTH DA				RED (ENTER NATURE OF	INJURY IN ITEM T8	PART I OR PART 7)	
(IF EITHER NOTIFY MEDI		21e PLACE C		19	211 LOCATION	ON				
WHILE NOT WE AT WO			EET, FACTORY, OFFICE FA	ARM, ETC)	STREE		CITY	DR TOWN	COUNTY	STATE
27a.l certify that (10		all attended the	derensed from	CTOF	BER JO	19 84	to OCTO	BER 1	0 w 84	that (It (wa) lar
May the deserve	d alive on_	OCTOBE	R 15 19	84_, 。	nd that in (my	(aur opinion	death accurred on th			causes stated
Hollee	100	sua	800-			ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c. DATE	SIGNED BY
DR WA	LKER	1	LIATELL		22e ADDRES	HURCH	HOSPITA		223	
30 BURIAL, CREMATION,		236. DATE			EMETERY OR	CREMATORY	23d LOCATION			
Burial		10/22				emetery	y Balto.	N	COUNTY	Mqvie

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

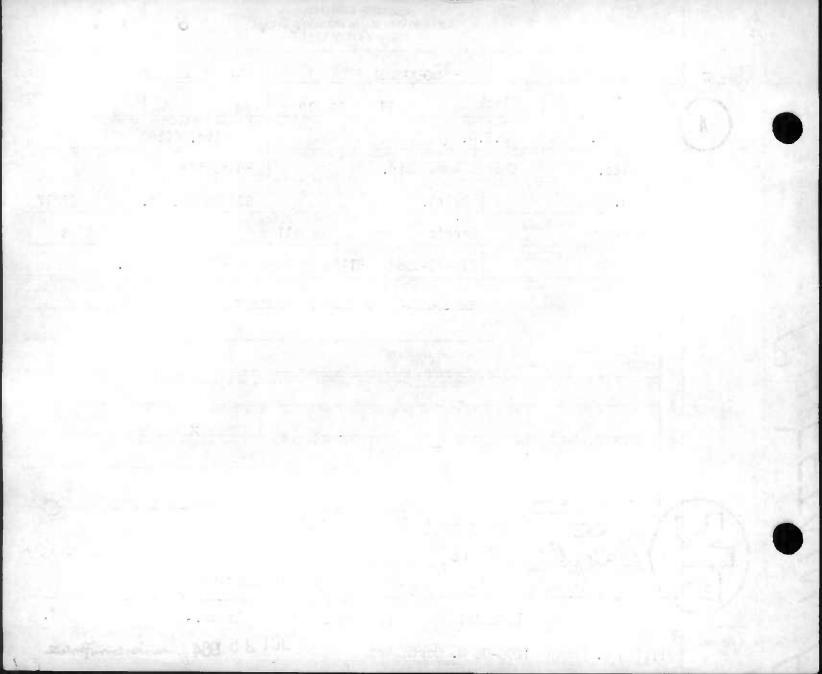
MPORTANT: If them 21 is m

William C. Brown 1206-08 W. North Ave

10/22/84

24 FUNERAL DIRECTOR

250 CATE REC'D. BY REGISTRAR 25%, REGISTRAR'S SIGNATURE



requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. poge 3

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death certificate be executed within 24 hours ofter death. Page

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

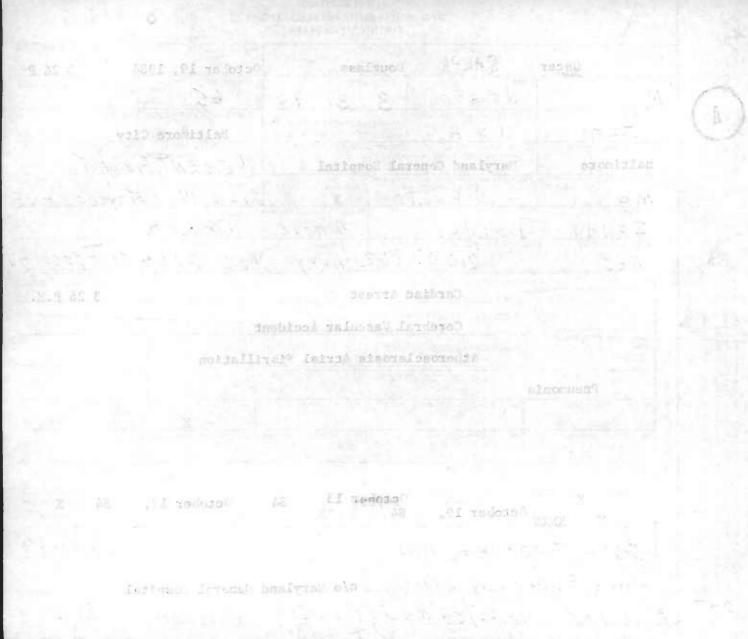
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FOR STAT REGI	TE ISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HY CLENE 4	6	3 5	5			
1 DECEASE		MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR			
(TIPE OR PRIN	Oscar	RALPH	Douglass	October 19	1984		3:26 PM			
3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS			
M	10 m	NEGRO	NONTH SDAY YEAR	7 65	YRS	NIHS DAYS	HOURS MIN.			
70 BIRTHPL	ACE , (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	9 BALTIMORE CITY O		FDEATH				
COUNTRY	ALA.	11.5 A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltime	re Cit	***	MD.			
10 CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126. KIND O	F BUSINESS OR			
Bal	Ltimore	(IE NOT IN SUCH EACHLITY, GIVE STR Maryland Gen	eral Hospital	THE WORK FOR MOST	(148804 WORK FOR MOST OF THE MIND USTRY)					
13a. STATE	c:/	OTHER INSTITUTION, GIVE RESIDENCE BEF NTY 130 CITY OR TO	130 INSIDE CITY LIMIT	2164 W	ZIP CODE	APSCO	230 AVI			
14. FATHER'S		Douglas	15 MOTHER'S MAIDEN	E DAMO	ER	LAS	T			
	ECEASED EVER IN U.S. AR ORUNKNOWN) (IE YES, GIV	MED FORCES? 186 SOCIAL SE	S8862 HARRY	DAVIS 21	641	POTA	DSCO A			
18. CA	AUSE OF DEATH (Enter on	ily one cause per line for (a), (b).	ond (c).)			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH			
PA	ART I. DEATH WAS CAUSE	D BY: TE CAUSE (o) Cardi	ac Arrest			3:26 P.N				
PART		CONDITIONS CONTRIBUTING T	CLETOSIS ATTIAL F		DITION GIVEN	IN GIVEN IN PART Ita				
CERTIFICATION 19a. D. 21a. A	Pneumon:		CH OPERATION WAS PERFORMED	20a AUTOPSY?	200 AUTOPSY? 200 IF YES, IN CERTIFY! YES NO X YES					
TE				YES NO X						
OR CO	ACCIDENT WAS UNDERLYING DON'T RIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR 19	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)				
WHILE AT WO	NJURY OCCURRED RK NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR 10	WN	COUNTY	STATE			
Si	ow the deceased alive on abave, (Wwe) (did) Ad Mo	ottended the deceosed from October 19. 19 view the body ofter death.	84 , and that in (XX (our) opi	84, to Octobes	19, 19 ote and hour a	and from the	couses stated			
3	Lung Es	Reson W	DEGREE ATTENDIN PHYSICIA			22c. DATE	19-84			
L	arry Epp	revson, n	22e ADDRESS C/o Maryl	and Ceneral He	osnital					
-Backy	CREMATION, REMOVAL	10/25/84 M	d. Vet Amelo	ORY 23d LOCATION	son i	COUNTY	2 ASTATE			
21 FUNERA	NO DIRECTOR	el Home / 3004	M Central at 250	DATE REC'D. BY REGISTRAR	256 REGISTRA		Pandalle Pandalle			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the



deoth. Page 4 may be

	1-	FOR STATE REGISTRAR	D	EPARTMENT OF F	E OF MARYLAND HEALTH AND MENTAL HYS FICATE OF DEATH	REG. NO.	8 5 6				
	1 DEC		S.	Dougla	LAST	Oct. /O	DAY 1984 26 HOUR				
1	3 SEX	Samuel Cale	Negro	Jan.	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) 80 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
P.	O.M.	RTHPLACE (STATE OR FOREIGN Aryland	U.S.A.	MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore					
9	2	ALTO. Md	Providen			Projection					
3		LESSIDENCE IN NURSING HOME OF	timore 1381	CE BEFORE ADMISSION)	13d INLIDE CITY LIMITS?	38-D Wyndmod	or Place				
U	Van.	THER'S NAME Orge	Dougl		Florence	WIOOFE	Butler				
2	J. 14	(AS DECEASED EVER IN U.S. AR		11906	Stuart Dou	aglass/3504 E	Ellamont Rd.				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (o ED BY: TE CAUSE (o)	RDIAC	FAILURE		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A GO	EPS15	SALIVARY GLAND						
	TION	PART 2 OTHER SIGNIFICANT	Mallo Hit Land								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO				
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	R) P.M.	19		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)				
	MED	WHILE OCCURRED	21e PLACE OF INJURY	Y, OFFICE, FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		220 I certify that (I) (this haspe sow the deceased alive an above, (I) (we) (did) (did no	10-21	19 84 0		death occurred on the date and h					
		22h. SIGNATURE	ennine.	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/21/84				
1		ERIC BE	NNING		3100 TOWA	NDA # 135					
	- (URIAL, CREMATION, REMOVAL SPECIFY) Urial	10/25/84		In Memorial	Suitland	COUNTY STATE Maryland				

Jones, Jr/4101° EDMONDSON Ave CT 23 1984 County Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

MPORTANT: If Hem 21 is morked or Hem 18 inter-out injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physician

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STATE OF MARYLAND

4					DEPARTM			TH AND		HYGIEI	NE 4	0	, , ,	
		ECEASED-NAME Type ar print)	First Walter		Middle O.	Dow		Last Sr.			Oct.	onth D	198 <mark>4</mark>	2b. HOUR
)	3. SI	Male		4. RACE	White			S. DATE OF B	IRTH 1, 1917		6. AG lost	E (In years birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
35	7a.	BIRTHPLACE (Statentry)	ar foreign		S. A.		ARRIED (NEVER MAR			TY OF DEATH	-	7	Md.
00	10. (Balto.	Md.		11. NAME OF HOSPITAL give street address) 1937 Ramse	ay St.						of work done en if retired.)	12b. KIND O INDUSTRY Martin	F BUSINESS OR
35	adm	issian) STATE	E (Where decease	13b. COUI			Balt	0.	13d. INSIDE CITY LE YES NO	IMITS?	3e. STREET AM		212	23
300	160.	FATHER'S NAME WAS DECEASED es, ng, or unknow	Sterli EVER IN U.S. ARM	Mid PORCES? or dates of servi	16b. SOCIAL SECO		17. IN	FORMANT	AIDEN NAME F Mai Balto	rgar	et Md. 2	Middle	How	
		PART 1. DE	DEATH (Enter onl ATH WAS CAUSED IMMEDIA ny, which gove ate cause (a),	(D)	Per line for (a), (b), a OR AS A CONSEQUENT OR AS A CONSEQUENT	nd (c).) Care	M F	me s	E. Dos	wney	h di	Junes Junes Hanton	MSAY S APPRO: BETWEEN	KIMATE INTERVAL ONSET AND DEATH
9	CERTIFICATION		Imaga	, 0	IRIBUTING TO DEATH IN A TOTAL	unia		THE TERMINA 20a. AUTO YES	PSY?	2		ERE FINDINGS	CONSIDERED IN	CERTIFYING
9	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f IOCATION Street or R.F.D. No. (ity or Town) County State												
		21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 19 21, and that in (my) our) apinian death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town Country State 19 21, to 19 21, to 19 21, that (I) (we) last 19 22c. DATE SIGNED 22c. DATE SIGNED 19 21 ATTENDING 22c. DATE SIGNED 19 22c. DATE SIGNED 19 21 ATTENDING 22c. DATE SIGNED 19 22c. DATE SIGNED												
1		22d. PHYSICIAN NAME (Typ	, 1	umer	ither	mi)		22e. ADD			1	Slus	On	10 21230
30M	В	BURIAL, CREMAT REMOVAL (Specif UTIAL FUNERAL DIRECTO TTUMA	(v)		1984 Me 151 Bal	adowa DRESS N			n 2So. REC'D B'		CATION (City	b. REGISTRAR	(County) Howard	
(4))	Ú	.Truma	n Schw	ao :	#212	to.Na	at']	.PlK	DATE OCT	116	1984	gulia 1	Davidson-M	andell

DHMH-16 1/71 (VR A15 (4))

retained by the haspital ar attending physician.

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trushable be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be trien of Health and Mental Hygiene priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

A NAME OF TAKE OF TAKE

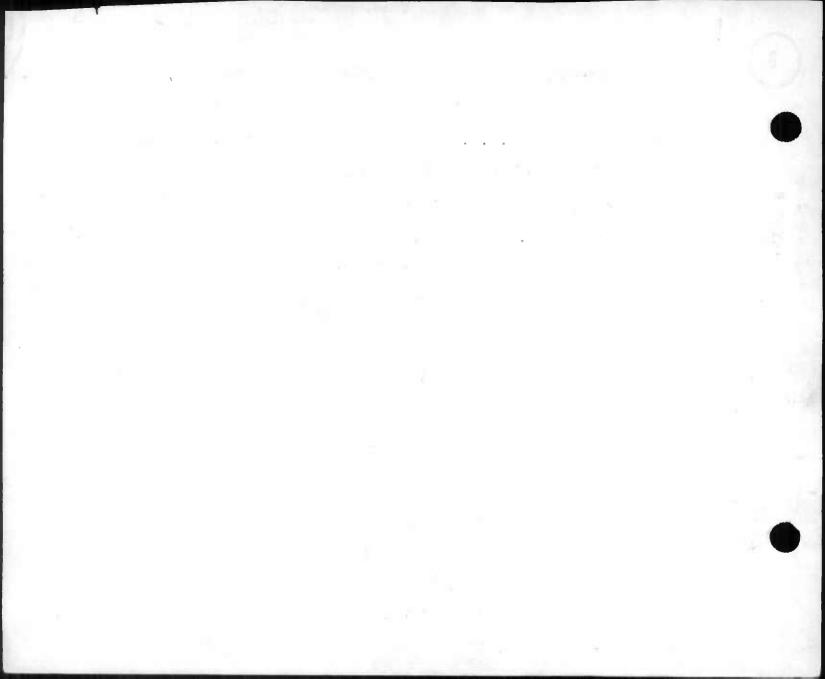
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IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYS ICATE OF DEATH	REG. NO	0 3 5	3
		CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		MAGDALEN			OWNS		7,1984	3:15A
	3. SE)	(4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEA MONTHS DAY:	
		Female	Blaci		1 39	45	YRS	
20		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT	OUNTRY?	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
5/		aryland	U.S.A.	WIDOWE		BALTIMOR	E CITY	MD
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME C	R OTHER INSTITUTION	12s USUAL OCCUPATE	ON 126 KIND	OF BUSINESS OR
33		ALTIMORE		PKINS HO	SPITAL	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	Y
2	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN		TY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
20	M	aryland	Ва	ltimore	YESXX NO		mine Ave.	21207
		THER'S NAME			15 MOTHER'S MAIDEN NA			
3		Archer	J. Si	mith, Jr.	Marie	WIDDLE	Marsh	a 1 1
	16n. W	VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRE		arr
1		res, no or unknown) (if yes, giv	e war Or Dates) 2 1	3-36-4497	Walter Dow	vns 4800	Carmine A	
		18 CAUSE OF DEATH (Enter on	ly one couse per line for	(0), (b), and (c).)		1. 24.	APPRO BETWEE	NIMATE INTERVAL
		PART I. DEATH WAS CAUSE	E CAUSE (a)	LTIPLE	nyelo	DMM	JAN	5 A84
				CONSEQUENCE OF	d			J
		Conditions, if ony, which	(CONSEQUENCE OF	Ü			
		gove rise to immediate	(p)					
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF				
			(c)					
	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	CONDITIONS <u>CONTRIB</u>	uting to death but	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	lio
promp.	AT	198 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	206 IF YES, WERE FINE	
1	Ĕ					YES NOX	IN CERTIFYING CAUSE	NO T
	ER	21s. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY	21c. HOW INJURY OCCUR		RY IN ITEM TS PART 1 OR PART 2	
4		OR CONTRIBUTING CAUSE OF DEA	in .	ONTH DAY YEAR				
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJU	19	211 LOCATION			
9	MED	WHILE OCCURRED WHILE NOT WHILE O		ORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	wn county	STATE
3		22s t certify that (I) (this hospi	tal) attended the decea	sed from OCT	6 19 87	10_OCT	7 19 84	that (I) (we) lost
		sow the deceased alive on	00173	19 8 7 . or	d that in (my) (our) opinion	deoth occurred on the de	ate and hour and from th	ne couses stated
		obove, (I) (we) (did) (did no 22b. SIG	i) view the body offer de	eoth.	PERNE		Zic DA	TE SIGNED /
		Calloli	DUONOK	5 M	ATTENDING PHYSICIAN	MEDICAL STAI		0/7/87
1		22d PHYSICIAN'S NAME TYPES	BUOM	ono	50KVS	HOPKIA	S HOS	SP
		JURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY	A STATE
	L '	BURIAL	10/11/84	Arbutu	s Memorial	Fk. Arbut	cus,	Md. STATE
3		UNERAL DIRECTOR	•		25a DAT	E REC'D. BY REGISTRAR	250 REGISTRAR'S SIGN.	A Rindall
	Wm	CamMarch F/H	Inc. 110	1 E North	Avenue UU	18 1984	gulia Davidson	1

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

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6-	0	0	5	7

REGISTRAR							REG. NO				
1. DECEASED NAME	FIRST	MIDD	DLE	LA	ST	2a D	ATE OF DEATH A	HTMON	DAY Y	re AR	26 HOUR
THE OKPRINT	LORETTA	A M	1 40	DF	RURY		/	0	11 8	4	45
3. SEX		RACE		S. DATE OF			E (IN YEARS LAST BIRTH	HDAY}	IF UNDER		IF UNDER 24 F
FEMALE	1	WHITE	Por . no	MONTH.	27 YEAR		56	YRS	MONTHS	DAYS"	HOURS M
To. BIRTHPLACE (STAT	OR FOREIGN 7b.	CITIZEN OF WH		? 8		9 BA	TIMORE CITY OF	1110	TY OF DEA	TH	
MARYLA!	ND CIV	U.S.A		WIDOWED	NEVER MARRIED		Balt	. 1	115		
10. CITY OR TOWN OF					R OTHER INSTITUTION	N 12a U	SUAL OCCUPATION				BUSINESS
1 Bult	hana	(IF NOT IN SUCH FA	CILITY, GIVE STREET	T ADDRESS)	Llman		OF WORK FOR MOST OF HOMEMAKER		IFEI INDU	ISTRY	
USUAL RESIDENCE (IF	NURSING HOME OF OT	HER INSTITUTION GIVE	E RESIDENCE BEFO	RE ADMISSION)	140th		HOMEHAKEI		1		
13a STATE	136 COLINITY		CITY OR TO		134 INSIDE CITY LIMI	ITS? 13e.S1	REET ADDRESS	ZIP CO	DE COUD E E	m e	21220
MARY LAND		-	BALTIM		YES NO L		251 CARRO	ا بلیا(SIKEE	٠ و ـ	21230
FIRST _p		DD18	-, LAST		EIRST		MIDDLE		DIID	LAST	A 70
MICHAE:			TENCIL		GRACE		ADDRES		BUK	KHE	AD
160 WAS DECEASED E		VAR OR DATES	SOCIAL SEC		17 INFORMANT	al.	1			~	
NO		2	20-20-	3279	JOSEPH A	. DRUR	1251	CARRO			21230
18 CAUSE OF D	EATH (Enter only	one couse per line	e for (0), (b), 9	ind (cs.)	01	^	1		BE	APPROXI	MATE INTERVAL
PART I. DE AT	H WAS CAUSED E		(ard	10-1	Relm.	AM	est				
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		DHE TO OR AS	CACONICEON								
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gove rise to couse (o), s underlying co	immediate toting the ouse lost.	DUE TO, OR AS	S A CONSEON	JULIA UENCE OF M	roner lecheal A	blem	r				
gove rise to couse (o), s underlying country	immediate toting the	DUE TO, OR AS	S A CONSEON	JULIA UENCE OF M	Lecture P	blem E TERMINAL C	SEASE OR COND	OITION G	SIVEN IN P	ART 110	, ,
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DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.

(VRA 15, 4)

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STATE OF MARYLAND

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	1-	STATE REGISTRAR		DEPA		EALTH AND MENTAL H	IY GJENE -	REG. NO	0	0	0	
	1. DEC	CEASED NAME	FIRST	MIDDLE	L/	A\$1	Za. DA		MONTH DA	Y YEAR	26. HOUF	R
		OR PRINTI	IVA	V.	DRY	DEN		11	2- 25	-84	7:55	Du
	1. SEX			ACE	S. DATE O		6. AGE	(IN YEARS LAST BIRT	HDAY) II	UNDER I YEAR	IF UNDER 2	24 HRS
	1	Female		Black	MONTH 6 G	10-	7 .	77	YRS	ONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OF	OREIGN 7b.	ITIZEN OF WHAT COUNTS	RY? 8	NEVER MARRIED	- 9 BAL	TIMORE CITY O	R COUNTY C	OF DEATH		
7	1	(OUNTRY)		USA	WIDOWE		1 1	BALTIMOR	E CITY			MD.
7	1	TY OR TOWN OF DEA	(TH 11).	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI UNION MEMO)	PEET ADDRESS)			WAL OCCUPATE F WORK FOR MOST P		126 KIND C INDUSTRY		SSOR
2	13a. S	AL RESIDENCE (# MURS TATE THER'S NAME FIRST VAS DECEASED EVER (ES, NO 08 UNKNOWN)	WOY C	FORCES? 166 SOCIAL SI		13d INSIDE CITY LIMITS: YES NO 15. MOTHER'S MAIDEN FIRST 17. INFORMANT	5	MIDDLE ADDRESS	Wa	21 S	7.	<u>t.3</u>
	Z	Conditions, if ony, gove rise to imm couse (o), statin underlying cause	nediote ig the lost.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF	NOT RELATED TO THE TE			DITION GIVE	N IN PART 16	0	
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	20a YES	AUTOPSY?		WERE FIND III		H?
7	MEDICAL CERT	21a. ACCIDENT WAS UNION OR CONTRIBUTING OF THE STHER NOTIFY MEDIAN OF THE STHER NOTIFY MEDIAN OF THE STHER STHER OF THE ST	CAUSE OF DEATH CALEXAMINER) RED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19	21¢ HOW INJURY OCC 211. LOCATION STREET	CURRED (EN			COUNTY	St	TATE
		22a I certify that (I) sow the decease	(this hospital)	ottended the deceosed from the body ofter death.	9 8 4 , or	d that in (my) (our) opini DEGREE ATTENDING PHYSICIAN	G _ MED		F	- /		
	22 -	Scot	Scot	t A. Kras	sner	Union	7 7	norial	tos	peta	<u></u>	
		BURIAL, CREMATION,		36. DATE 10-27-84	MT,	SING!	RY Z3d	COMO K	le- We	COUNTY	TexA	nd.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept of Health and Mental Hygiene prior to burial, criminal are removed. In MORTANT: If them 21 is marked or them 18 shows any injury, or other traumants event

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or ottending physician.

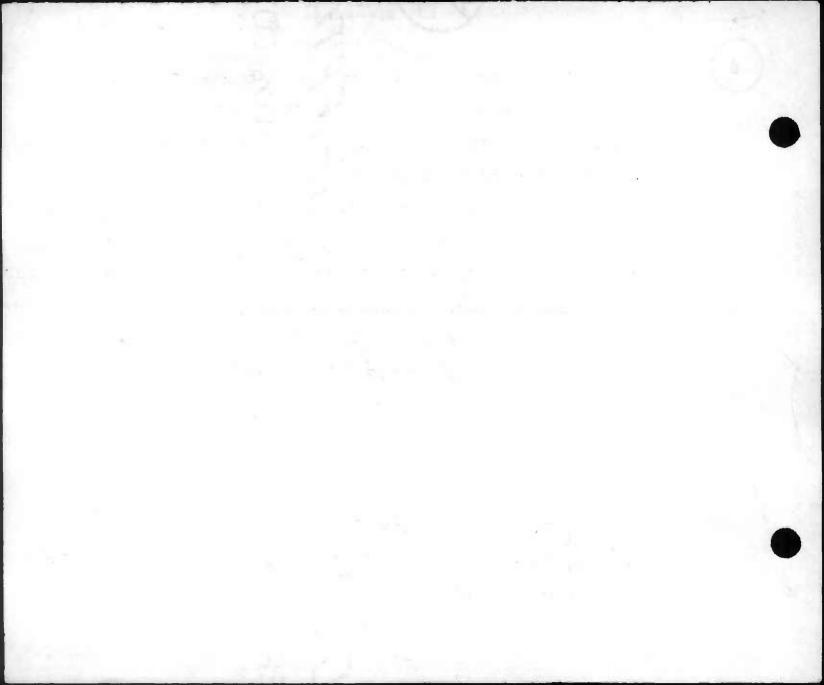
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H
REGISTRAR	

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Philip		410	7	

	REGISTRAR				ICATE OF DEATH	REG. N			
- 1	DECEASED NAME	FIRST	WIDDLE		AST	20. DATE OF DEATH			2b HOUR
		Ella	Mae		lose			984	
3	I. SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS M
L	Femal		Black	*9***	29 19	65	YRS.		
7	a. BIRTHPLACE (STA		TO CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY			
1	S.C		USA	WIDOWE		Baltimo	ore Ci	ty	
42	Baltimo:		II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Sinai Hosp	JRSING HOME C STREET ADDRESS) DITAL	DR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF INDUSTRY	BUSINESS
35	USUAL RESIDENCE II 130. STATE MD	13b COUNT	OTHER INSTITUTION, GIVE RESIDENCE IN 134 CITY OR Balti	TOWN	130. INSIDE CITY LIMITS?	130 STREET ADDRESS 4855 Reis	ZIP CODE	own Re	d. 21
14	4. FATHER'S NAME		AIDDIF LAST		15. MOTHER'S MAIDEN NA				
20	Paul	M	Foste		Sallie	MIDDLE		Wood	ard
10	60 WAS DECEASED			SECURITY NO.	" Salabie Du	Bose ADDR	ESS		
	NO OR UNKNOW	N) IE YES, GIVE	WAR OR DATES) 217-1	18-3156	E Rosa Mae		55 Rei	sters	town
	PART 2. OTHER	couse lost.	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTIONS	May	NOT RELATED TO THE TERM) is en	IDITION GIVE	N IN PART 110	
9	19a DATE OF OI	PERATION	19b. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDING ING CAUSES (
	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RTT OR PART 2)	
6 6		Y MEDICAL EXAMINER)	P.M.	19					
6 6	OR CONTRIBUTION (IF EITHER NOTIF 21d INJURY OC	Y MEDICAL EXAMINER)			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
6 6	OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OF WHILE AT WORK 22a.1 certify th	Y MEDICAL EXAMINER) CURRED OF WHILE AT WORK Of (1) (this hospite	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	om A	STREET 19 AL	/_ to	- 1.1	9 AU. 11	hat (I) (we)
6 6	OR CONTRIBUTION (IF EITHER NOTIF 21d INJURY OC WHILE AT WORK 22a. I certify th sow the di above (I) (I)	Y MEDICAL EXAMINER) CURRED OT WHILE AT WORK of (1) (this hospite eceased and one we) (did field not)	P.M. 21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OE	rom H	STREET 3 - , 19 31 and that in (my) (our) opinion	/_ to	- 1.1	9 A 4, the	hat (I) (we) auses stated
7	OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC WHILE AT WORK 22d certify th sow the di above (1) (71 STGN 28	Y MEDICAL EXAMINER) COURRED ADT WHITE Of (1) (this hospite execused of very one we) (did (did not	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	rom H	STREET 19 Ind that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the o	late and hour	9 AU. 11	hat (I) (we) auses stated
7	OR CONTRIBUTION (IF EITHER NOTIF 21d INJURY OC WHILE AT WORK 22a. I certify th sow the di above (I) (I)	Y MEDICAL EXAMINER) COURRED ADT WHITE Of (1) (this hospite execused of very one we) (did (did not	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	rom H	STREET STREET 19 Ind that in (my) (our) apinion DEGREE MY ATTENDING	death occurred on the o	late and hour	9 A 4, the	hat (I) (we) auses stated



ATTENDING PHYSICIAN: The In

retained by the hospital or attending physician.

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAK				REG. N			35.00
	PECEASED NAME PIRST	MIDDLE	NIKE		0. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	//w/c/		DUNE		10	06	84	1201 F
	SEX	I. RACE	S. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS A
The said of	Female	White	1 13	1933	51	YRS.		
38 Z.	COUNTRYL	b. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVE	R MARRIED	BALTIMORE CITY O	_		
	West Virginia	U.S.A.		DIVORCED	Baltimor			
84	Baltimore	1. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY GIVE STREET FRANCIS SCOT	Key Med	.Center	2a. USUAL OCCUPATION OF WORK FOR MOST OF CAShier		126. KIND OF INDUSTRY FOOd	
-5/ // 130	Maryland Balt		VN 13d. INSIDE	ИО [▼	street address 8014 Mid	Haver	n Roa	d 21
MA	FATHER'S NAME FIRST M	HODLE LAST	15. MOTHE	ER'S MAIDEN NAME	MIDDLE		TASI	
1820		M. Hart	1	Ada	P.	N	Mayfi	eld
4.51/	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES!			ADDRE	SS		
1	No	215-30-	-4308 Herr	man H. D	uke	Same	as 1:	3e
8 shows ony injury, or a		ONDITIONS CONTRIBUTING TO			200 AUTOPSY?	206. IF YES, V	VERE FINDIN	GS USED OF DEATH?
S S S S S S S S S S S S S S S S S S S	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW	INJURY OCCURRE	YES NO P	YES [1 OR PART 2)	№ □
			AY YEAR					
ked or hem	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 218. PLACE OF INJURY LATHOME. STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f. LOCA STR	ATION	CITY OR TO	wN	COUNTY	STATE
21 is marked o	220.1 certify that (1) (this haspite	attended the deceased fram_	8-17	19.81	, to 10-6	. 19.	89.1	hat (ii)(we)
	saw the deepsed plive on obove, (I) week did (did not)	view the body ofter death	, and that in (m	ny) (aur) apinian de	ath accurred an the de	ate and haur a	nd from the c	causes stated
# # E	226. SIGNATURE		DEGREE				22c. DATE S	SIGNED
- T	M. Kouplas	thi		ATTENDING PHYSICIAN	MEDICAL STAT	IAND	10-6	5-84
MPORTAN	MARY KOR	YTKOUSKI	220 ADDR	HO EASTE	ERN AVE	BAC	70 2	222
230	BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION			
_ (Cremation		Vestview		Baltimo		Ma	arvla
4/82 24	FUNERAL DIRECTOR Duda-			25a. DATE I	REC'D. BY REGISTRAR	25h REGISTRA	D'S SIGNIATI	IDE
47.02	7922 Wise Aven	ue Dundalk.	MD. 2122	22 101	1 0 1094	المناسم مستدي	man-Na	- Protesta

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and campletely filled in by the funeral director, toges I and 2 should be filed within 72 hours offi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	-	FOR STATE REGISTRAF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	CENTI	IFICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST	WIDOLE	and k		MONTH DAY	YEAR	10:3
3. SE	7	4 RACE , S DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF U	NDER I YEAR	IF UNDER 24 HI
	temale	Black 2	TH DAY YEAR 5	69	MON	THS DAYS	HOURS MI
Jo BI	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? WARRI WIDOW	IED NEVER MARRIED	9 BANIMORE CITY OF	OR COUNTY OF	DEATH.	
10. CI	Baltimo Re	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran Hosp.	OR OTHER INSTITUTION	120 USUAL OCCUPAT		IN KIND OF	BUSINESS
130 9	JAL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		130 STREET ADDRESS 3000 Oakh	nill Av	renue	2120
I4 FA	ATHER'S NAME FIRST William	A. Kenne	15 MOTHER'S MAIDEN NA			EAST	
160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO.	8 Patricia I	ADDRE		11 Av	zenu€
		lly ane cause per line for (a), (b), and (c)	ORESPIRAT	2			ATE INTERVAL
ICATION	PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF				IN PART 110	
CATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDING	SUSED
RTIFICATIO	190 DATE OF OPERATION			YES NO	20b. IF YES, W IN CERTIFYING YES	ERE FINDING G CAUSES O	S USED OF DEATH?
EDICAL CERTIFICATION		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY	?1c. HOW INJURY OCCUR	YES NOW	IN CERTIFYINI YES THE TEMPERATE TO THE T	G CAUSES O	PF DEATH?
MEDICAL CERTIFICATIO	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR D. P.M. 19	21t. HOW INJURY OCCUR	YES NO	IN CERTIFYINI YES THE TEMPERATE TO THE T	G CAUSES O	F DEATH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TITLE IN JURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.)	?1c. HOW INJURY OCCUR	YES NOT NOT NOT NOT NOT NOT NOT TO	IN CERTIFYING YES TO THE TEMPORATE OF TH	G CAUSES O	STATE of (I) (we) I
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE AT WORK AT WORK Sow the deceosed alive an obove. (I) (we) (did) (did not 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.) to!) oftended the deceosed from 11 view the body offer death.	21t. HOW INJURY OCCUR 21f. LOCATION STREET and that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN	YES NOT NOT NOT NOT NOT NOT NOT TO	IN CERTIFYIN' YES RY IN ITEM 18 PART 1 WN . 19_ ate and haur and	G CAUSES O	STATE of (I) (we)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK Sow the deceased alive on, obove. (I) (we) (did) (did no) 270. SIGNATURE 270. PHYSICIAN'S NAME ITYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.) to!) oftended the deceosed from 11 view the body offer death.	21t. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION DEGREE ATTENDING PHYSICIAN [YES NOT	IN CERTIFYIN' YES RY IN ITEM 18 PART 1 WN . 19_ ate and haur and	COUNTY COUNTY the from the county 22c. DATE SI	STATE of (I) (we)
WEDICAL 330 B	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK Sow the deceased alive on, obove. (I) (we) (did) (did no) 270. SIGNATURE 270. PHYSICIAN'S NAME ITYPE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY IAT HOME. STREET, FACTORY OFFICE, FARM, ETC.) 101) attended the deceosed from 11 view the body office death, R PRINTI 23b. DATE 23b. NAME OF	21t. HOW INJURY OCCUR 21f. LOCATION STREET 21f. LOCATION DEGREE ATTENDING PHYSICIAN [YES NOT	IN CERTIFYIN. YES THE STATE OF	G CAUSES OF ORPART 2) COUNTY the difference of the country of th	STATE STATE STATE OF (I) (we) UNUSES STATE GIVED FOR THE TOTAL THE TOT

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HACIENES

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100	1 66	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	(TYPE	ECEASED NAME FIRST	G, MIDDLE	DUNSTON		MONTH DAY YEAR 26 HO
1	3 SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY 1915	6 AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS
10		COUNTRY CONTROL OF DEATH		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMONE CITY OF	RE CITY
16	10 6	ALTIMORE	(IF NOT A SUCH FACILITY, GIVE STREET ADI	14050	120 USLAL OCCUPATION TYPE OF WORK FOR MOST OF	ON 12b. KIND OF BUSIN F WORKING LIFE) INDUSTRY
35	13/1	AL RESIDENCE (IF NURSING MOME OF STATE 136 COUN		PE YES P NO [13e. STREET ADDRESS	FULTON AVI
00	IA FA	GARLIEL	MIDDLE DUNSTO	W SEA	ME MIDDLE	DuaisTo
1		WAS DECEASED WER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURI VE WAR OR DATES) 215 09 0	1742 Mrss GANK	Pecio 6878	Riverdale Pd
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and (b) BY. TE CAUSE (a) CARDIO —	RESPIRATORY A	RREST	APPROXIMATE INTE BETWEEN ONSET AN
		Conditions, if any, which	DUE TO, OR AS A CONSEQUEN (16) ARCINOA		IS WITH ME	
		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	ICE OF		
9	IFICATION	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	ICE OF	NINAL DISEASE OR COND	DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
99	CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE. 19b. CONDITION FOR WHICH OF	ACE OF SATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED 716 HOW INJURY OCCURE	100 AUTOPSY? YES NO	DITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\text{NO} \)
99	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE. 19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED 216 HOW INJURY OCCURE 19	100 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \ NO [YIN ITEM 1B PART 1 OR PART 2)
99		gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE LITHER NOTHEY MEDICAL EXAMINER LITHER NOTHEY MEDICAL EXAMINER ALL WORK NOTHING COURED WHILE NOTHING ALL WORK 22a.1 certify that (1) (this hospit sow the deceased alive and statements)	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH OF 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARV itol) ottended the deceosed from 19	PERATION WAS PERFORMED 216 HOW INJURY OCCURE 19	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CHYOR TOW	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [Y IN LITEM 18 PART 1 OR PART 2) WN COUNTY , 19 , that (1) (1)
99		gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (I) EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK (I) WORK (I) WORK (I) Sow the deceased alive an above, (I) we) (did) (did no 22b. S) The E	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH OF 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARW (fol) ottended the deceosed from	PERATION WAS PERFORMED THE TERM PERATION WAS PERFORMED THE TERM THE TERM	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CHYOR TOW	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [Y IN ITEM 1B PART 1 OR PART 2) VN COUNTY 19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
99		gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER LAT WORK NOT WHILE AT WORK NOT WHILE Sow the deceased olive on obove, (1) we) (did) (did on obove, (1) we) (did)	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH OF 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARW (fol) ottended the deceosed from	PERATION WAS PERFORMED 216. HOW INJURY OCCURE 19 211. LOCATION 51REET , 19 , ond that in (my) (our) opinion of DEGREE ATTENDING	TINAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN to deoth occurred on the dot	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [Y IN ITEM 1B PART 1 OR PART 2) VN COUNTY 19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
99	MEDICAL	gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (I) EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK (I) WORK (I) WORK (I) Sow the deceased alive an above, (I) we) (did) (did no 22b. S) The E	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH OF 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM 101) oftended the deceosed from 11 view the body office death.	PERATION WAS PERFORMED THE TERM PERATION WAS PERFORMED THE TERM THE TERM	TINAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN to deoth occurred on the dot	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [Y IN ITEM 1B PART 1 OR PART 2) VN COUNTY 19 that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NEGIENES

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
	CEASED NAME FIRST		AIDDLE	DU	IRAY	20 DATE OF DEATH	MONTH I	4 84	1.58 P M	1	
3. SE:	MALE	1 RACE WHI	TE	5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	RTHPLACE (STATE OR FOREIGN COUNTRY) ECHOSLOVAKIA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED DIORCED DIORCED	- DAITIMAGE CITY					
BI	ILTIMORE	FRANCIS	SCOTT KEY	DDRESS)	DROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WELGER		12b. KIND C INDUSTRY Cons	tructic	or	
13a 3	al residence (if nursing nome or STATE 18 COUN Balt	other institution, NTY CIMORE	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Edgeme	N	13d. INSIDE CITY LIMITS?	3009 Wel	ls Av	enue	21219)	
FATHER'S NAME FIRST MIDDLE Duray Anna IS. MOTHER'S MAIDEN NAME FIRST MIDDLE Anna								Sva	yka		
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166. SOCIAL SECU 172-03-		Mary H. Du	ray		as 1			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (D BY: TE CAUSE (a) DUE TO, OI (b) DUE TO, OI	CARDIO RAS A CONSEQUE ATHER O	NCE OF	EROTIC CA DISEASE		ULAR		MATE INTERVAL ONSET AND DEATH		
CERTIFICATION	CONGEST		HEART TION FOR WHICH	4	I WAS PERFORMED	200 AUTOPSY?		, WERE FINDI		-	
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	NI II	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2}			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F.	ARM ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
	220.1 certify that (1) this hosp sow the deceased glive an above (1) we (did) did no	10/4	184 19		nd that in (my) (our) opinion o	to 10/4 death accurred on the d	184. ote ond hou				
	John O. C	Jum	20	M	PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF SO	10/	SIGNED /84	/	
	JOHN D.		MOLD		JOHNS HO	OPKINS H	OSPIT	AL			

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending a should be detached for use as the burial-transit permit. Then please remove carbain with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover.

retained by the haspital or attending physician

injury, or other troumotic

MPORTANT: If Hem 21 is marked or Hem 18 shaws any

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Burial 10/8/1984 Oak Lawn

14 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue Dundalk, MD. 21222

FOR

Baltimore

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Newstran Randall

the offending physician

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal

MPORTANT: If them 21 is marked ar them 18 shaws any

STATE OF MARYLAND

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1	- STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE-	REG. N	O.		
	PE OR BRIDE	FIRST	MIDDLE		AST T	OCT.		1984	DAY YEAR	26. HOUR
L		JOHN	HARVEY		_l VAL					11:00 %
3. 9	EX	4. RACE	T m T	5. DATE C	DAY YEAR	6. AGE (IN YE	ARS LAST BIR	THDAY)	MONTHS DA	
	MALE	WH	ITE	JUN		79		YRS		
70	BIRTHPLACE (STATE OR FOR	Th. CITIZEN	OF WHAT COUNTRY?	8. MARRIE WIDO WE	D NEVER MARRIED DIONORCED	9. BALTIMOR BAI			CITY	MD
10	CITY OR TOWN OF DEATH BALTIMORI	(IF NOT II	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET 6 PARKSID	ADDRESS)	OR OTHER INSTITUTION	120 USUAL O	FOR MOST O	F WORKING	LIFE) INDUST	D OF BUSINESS OR RY -EMPLOYE
130	MD.	S HOME OR OTHER INSTITU 3b. COUNTY	13c. CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET A	DDRESS /	ZIP COD	DE	21206
14	FATHER'S NAME EDWARD	WIDDLE	DuVAL		15. MOTHER'S MAIDEN NA FLORINE		MIDDLE		BRA	NDY
160	WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			MADELINE	DUVAL	(WI		SAME	ADDRESS
7		diate the last. (c			NOT RELATED TO THE TERM	INAL DISEASE	OR CON	DITION G	IVEN IN PART	11a
CERTIFICATION	190 DATE OF OPERATION	ON 196 CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	IN CERT		IDINGS USED SES OF DEATH? NO
MEDICAL CER	OR CONTRIBUTION C CAL	D 21e. PLA	AE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY IE STREET, FACTORY, OFFICE, F	19	21c HOW INJURY OCCUR	RED (ENTER NAT	CITY OR TO		PART I OR PART	?) STATE
2	AT WORK AT WORK									
	saw the deceased above, (I) (very other	a ive an Oct did not) view the	d the deceased fram	84 01	nd that in (my) people pinian		an the de	19th ate and ho	our and fram	
	DEGREE ATTENDING WEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						FF IAN []		1 22/84	
	DR.	JOHN MAN	N		22e ADDRESS 611 PA	ARK AV	ENUE			
230	BURIAL, CREMATION, RE (SPECIFY) BURIAL				emetery or crematory land Mem. P	k Ba	TION RIOWN Ltim	ore	COUNTY	Mã.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

etoined by the hospital

3331 Brehms Lane, Balto. Md.

Baltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21213

who Savidson-Randale.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WIGIENE;

26861

250 DATE REC'D. BY REGISTRAN 25% REGISTRAN'S SIGNATURE OCT 1 0 1984 Juna Sandson-Andrease.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	Ю		
	CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
17,000	TRANCIS	L	DAZ	ON	DCT 7	198	4	м
1.5E	K - CF	RACE	5. DATE OF E	BIRTH	6 AGE (IN YEARS LAST BE			UNDER 24 HRS
	M	W	JULY	25 1917	67	YRS	S DAYS . HC	DURS MIN.
Jan 1	HPLACE (STATE ON FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		EATH	
2	MD	USA	WIDOWED		BALTO	CIT	4	MD.
10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12	KIND OF BU	
1	BALTO S	ST. AGNES	HOSF	ITAL	Chav FF	F K III	DELIB	ERV
13a S	L RESIDENCE (IF NUR	ER INSTITUTION GIVE RESIDENCE BEFORE		d INSIDE CITY LIMITS?	13e STREET ADDRESS	1	2/2	25
	MD BALT	TO CATONS	VIIIE	ES NO	426 AC	ADEM	VR	Do
M	THER'S NAME FIRST MIDI	DIE LAST	15	MOTHER'S MAIDEN NA	AME			
1	BENJAMIN	DYSON		ANNE	FIIZABL	ETU +	20MIR	by
Hig. V	VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166. SOCIAL SECUI	RITY NO. 17	NFORMANT	ADDR	ESS 426	7 115	
)	ES WW.	II 718.01.3	076 5	UZANYE ST	TEINKE A	CADEM	V RD	>
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B						APPROXIMATE BETWEEN ONSE	T AND DEATH
	IMMEDIATE C		IAL	INFARCT	ION			
	W. S. S. S. S. S. S. S.	DUE TO, OR AS A CONSEQUE	NCE OF		6			
	Canditians, if any, which	(b) CORUNARY	ATHE	ROSCLEROSI	S JEVERE	LEFT		
	cause ia, stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying cause last.	(c)						
2	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CON	1 -		9-00
TIO	OCCLUSION T	THRUMPOTIC LE		NTERNAL	CAROTID	HRTERY		
9CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	200 AUTOPSY2	206. IF YES, WEF	CAUSES OF	USED DEATH?
CERTIFICAT					YES NO	YES 🚁		10 🗆
12.75	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	It. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART O	RPARI 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		II. LOCATION STREET	CITY OR TO	own c	OUNTY	STATE
7	WHILE NOT WHILE AT WORK							
	22a.l certify that (1) (this haspital)			. 19	, fo		that	
	saw the deceased alive an abave, (1) (we) (did) (did nat) vi	ew the bady after death.	, and t	hat in (my) (aur) apinian	death accurred an the d	ate and haur and	fram the caus	es stated
	THE SIGNATURE A D Q	11.0	DEC	ATTENDING	MEDICAL STA		12c DATE SIG	NED
- 1	/ putrell	ruge	1	PHYSICIAN	DIRECTOR PHYSIC			
	274 PHYSICIAN'S NAME ITHE OFFE		2	2e ADDRESS	HOCDTTAT	OO C CATE	ONI ATZE	21220
	Michael Pelcz	ar, m.D.		SI. AGNES	HOSPITAL 9	OU S CAT	JN AVE	21229

BURIAL W/11/84 Holy (ROSS C 24 FUNERAL DIRECTOR ADDRESS \$311 WEBER FUNERAL HOME EDMONDSON AVE

DHMH - 16 50M 1/81 (VRA 15, 4)

A Committee of the comm 19 146 SEATO TA 校的证明 155年 用工作证明 HOSPITAL SEED FEEL 1864 FEEL 1864 THE STORY THE STATE OF THE S TANK A LAND TO THE TANK THE PARTY OF WILLIAM TO THE The same will be start to the same of the The color of the first was the same and the A CONTRACT OF THE PARTY OF THE mpletely filled in by the fu and 2 should be filed with

and completely

injury, or other troumotic event, th

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been

OR ATTENDING PHYSICIAN:

executed within 24 hours oft

STATE OF MARYLAND

(in	6	3	0	Ü
time	0	0	9	

	42 3				
ARTMENT	OF	HEALTH	AND	MENTAL	HCGIENE ?
CF	RT	FICATI	FOF	DEATH	

1.	STATE REGISTRAR	4			H AND MENTAL HE TE OF DEATH	GIENE'S	REG. N	0.		
	ECEASED NAME FIRST	D MIDO	N.E.	LAST		20. DATE O	FDEATH	MONTH	DAY YEAR	26 HOUR
(TYP	BARB		ESTON			DCTOE	ER 1	9.19	84	10:45P.
3. SE	X	4 RACE		S. DATE OF BIR		6 AGE (IN		-	IF UNDER I YEA	R IF UNDER 24 HRS
F	smals	WHIT	3	JAO.	24. 1896	28		YRS.	MONTHS DAYS	S HOURS MIN.
70 B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY?			9 BALTIMO	RE CITY C		Y OF DEATH	
10	JARY LAND	11150		MARRIED WIDOWED	DIVORCED	Rai	Tom	005	C: 70	Ч мр.
10 C	CITY OR TOWN OF DEATH		SPITAL, NURSING	HOME OR OT	HER INSTITUTION	120 USUAL				OF BUSINESS OR
1R	ALTIMOR2	CHI OC	H HOSE			TANE OF MOR		me working	INDUSTR'	Y
	JAL RESIDENCE (IF NURSING HOA		E RESIDENCE BEFORE AC	OMISSION)		1			-	317-14
In	1	OUNTY	CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET	_		<i>J</i> C	
	ARYLAND ATHER'S NAME	10	ALI MORS		NOTHER'S MAIDEN N	AME	1 lor	INK	COMPS	D MVS.
	FIRST	MIDDLE	LAST	1	FIRST	14	MIDDLE		1	AST
1	JOHN	100000000000000000000000000000000000000	INDKIC		1508	OUL	ADDR	~		
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	SOCIAL SECURI	IYNO.	VFORMANT	0		.33		
	UO	9	18 AP PO	800	FAMIL	1 KECC	ORDS			DXIMATE INTERVAL N ONSET AND DEATH
NO	couse (0), stating the underlying couse lost	(c)	S A CONSEQUEN		RELATED TO THE TER.	MINAL DISEAS	E OR CON	DITION G	IVEN IN PART	lio
CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH O	PERATION WA	AS PERFORMED	200 AUTO	OPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	DINGS USED ES OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NJURY	21c.	HOW INJURY OCCUI					
	OR CONTRIBUTING CAUSE O	DEATH	MONTH DAY	YEAR						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF	INTURY	19	LOCATION					
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE FAR	M, E1C)	STREET		CITY OR TO	WN	COUNTY	STATE
	above (1) Gee Adidly (di	ospito of ottended the d october d not new this body att	19 19 84	, and the	t in (my) Opinion		COBER ed on the d			ne couses stated
	The SIGNATURE YOU	footie	et ill	DEGR MC	ATTENDING	MEDICAL DIRECTOR	STA PHYSIC	FF CIAN []	22c. DAT	0/19/84
	WALKER A.	TMPAGLIAT	ELLI M	D	O NORTH				ORPORA	TION 21231
23a	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c NA		ERY OR CREMATORY	23d LOC	ATION			
P	SPECIEY)	10 23 19	184 Ha	14 RSG	ISEMSR		DITOWN	ORZ	COUNTY	MaryLano

DHMH - 16 50M 4/83 (VRA 15, 4)

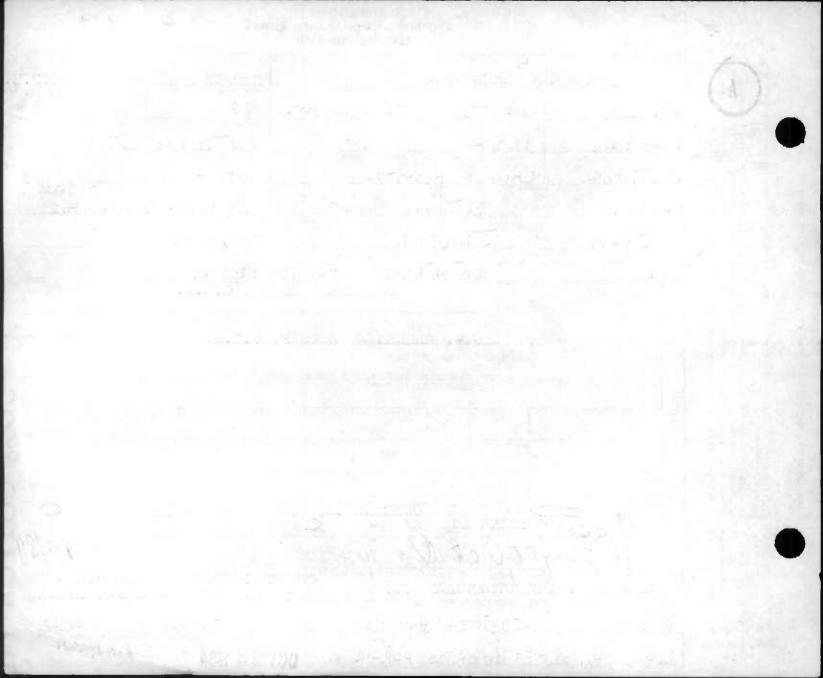
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24 FUNERAL DIRECTOR CHAPSLOF Memoriss

8800 HARFURD

RO

OCT 2 4 1984 win Durder - Mary 222-



PAGE 5 2, AND 3 TO 3. RETAIN P. 2 SHOULD BE AL RECOFDS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SI AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF VITAL, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

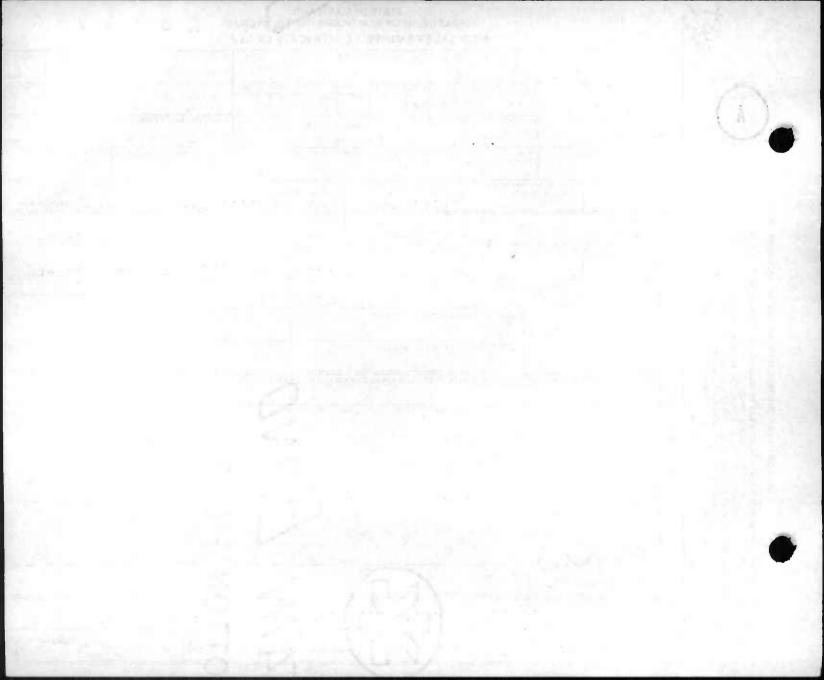
DHMH - 17

(VR A15 ME (5) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 10/1/8419 Eason Frances 4. RACE IF UNDER 1 YR. 12:15 P M 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 20 DEAD 10/1/84 19 Female Black. 11 10 64 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Virginia | Baltimore City U.S.A. DIVORCED WIDOWED II. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFET 1314 Harlem Avenue Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YES X NO 1314 Harlem Avenue 21217 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST Washington Frank Sarah Washington 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO Vera Ward 2018 Smallwood Street 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stab Wounds IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR ? P.M. /1984 subject stabbed CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE 1314 Harlem Avenue, Balto. bedroom Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Hamicide X death resulted Iram: Undetermined manner Natural causes TITLE (SPECIFY) **ACTUAL** DATE 10/2/84 Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS Penn St (TYPE OR PRINT) 23d. LÓCATION 236. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 10/5/84 Anne Arundel BURIAL Cedar Hill Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical exc

page 3

4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
		EASED NAME FRST		DDLE	LAST	26		MONTH D.	YEAR	26 HOUR	0
ı		Fred	1 000	101	ATE OF BIRTH		AGE (IN YEARS LAST BIRT	WDAY)	E LINDER LYEAR	IF UNDER 24 HP	M
	3. SEX	Male	4 RACE Whit		ine 14,		69	M	ONTHS DATS	HOURS MIN	_
	7n. BIF	RIHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		ARRIED E NEVER MA		BALTIMORE CITY O	YRS.	OF DEATH		-
6	180	ilto., Md.	U. S.	BA A	RRIED L	Baltim	ore,	Mgt.	٨	MD.	
/	10. CT	ty or town of death altimore	11. NAME OF HO	SPITAL, NURSING HO	Rey Med.	Cntr.	TYPE OF WORK FOR MOST O	ON FWORKING LIFE NET	126, KIND O INDUSTRY	Oil)R
5	USUA 13a S	TATE Nd.	OTHER INSTITUTION, GI	WE RESIDENCE BEFORE ADMISS CITY OF TOWN CITY OF TOWN	13d INSIDE CIT	Y LIMITS? 13	Medidal STREET, ADDRESS /	ZIR CODE Stbr	ook Au	21224 e.	
C	14. FA	THER'S NAME FIRST Bertus	MIDDLE	Ebel ke	15. MOTHER'S /	RST	MIDDLE		Dietr	iek	
	16a. W	AS DECEASED EVER IN U.S. AR		66. SOCIAL SECURITY N	NO. 17 INFORMAN	Bakt	imore, ADDRE	ss Md.	2122	24	_
	7	WII - Yes	-WWII	213-03-9	169A-Mrs.	Hele	n A. Ebe	lke-6			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per li	ne for (a), (b), and (c).)		d	AU	е.	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
			E CAUSE (o)	ardiogy	monar	///	YEST				_
			DUE TO, OR	AS A CONSEQUENCE	OF Alada	asi. z	Pulmon	200			
		Conditions, if ony, which gave rise to immediate	(b)	promic		27100	Dis.	ELSO	+		
		couse (a), stating the underlying couse last	1	AS A CONSEQUENCE	OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 10	2	
	O.	Sepsis									
2	CERTIFICATION	19a. DATE OF OPERATION	1%. CONDIT	ON FOR WHICH OPER	PATION WAS PERFOR	MED	200 AUTOPSY?		WERE FINDING CAUSES		
7	CER	21a. ACCIDENT WAS UNDERLYING	110110 4 44	INJURY MONTH DAY Y		URY OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF DE	ATPI		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE O (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, FARM ET	211 LOCATION	1	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I) (this hosp	ital) attended the	deceased from	0/9	19.54	, to 10/	7/	989	that (1) (we) le	ost
		sow the deceased alive ar above, (I) (we) (did) (did no	it) view the body o	fter death. 19 84	_, and that in (my) (our) opinion dec	ath accurred on the de	ate and hour	and from the	causes stated	_
		226. SIGNATURE	111	1/.	DEGREE	TENDING	MEDICAL STAI		22c. DATE	SIGNED	
		Murcle	W,	HOGE	14 10, PI		DIRECTOR PHYSIC		10/	2/8	4
		Charles	W. H	DAE	27e ADDRESS	ranci.	s Scott	Kev			
		URIAL, CREMATION, REMOVAL		and the second s	OF CEMETERY OR C		234 LOCATION	1	COUNTY	STATE	
		surca	10/25	,1984 Oal	k Lawn C	emeter	y-Baltim	ore,			
	24 FU	INERAL DIRECTOR John	A. Mor	an, ADDRESSIC. 1	Funeral I	10012	y-Baltim REC'D BY REGISTRAR 4 984	ua Dave	Son-Han	LE LE	
	30	DOO E. Balti	nore St	Baltime	ore. Md.	21224	- 00)	

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician.

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funeral director, page 3 thin 72 hours after death

of once

STATE OF MARYLAND

FOR STATE REGISTR.	AR		DEPART		EALTH AND MENTAL DYC ICATE OF DEATH		. NO.		
1. DECEASED N	AME FIRST	,	MIDDLE	L	AST	20. DATE OF DEAT		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Uonru			Ehe	rt Sr		10 -	4-84	1 SPM
3. SEX	Henry	RACE		S. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Male	ALTER .	Cauca	asian	MONTH	6 - 13 - 196	88	YRS	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE	(STATE OR FOREIGN 76	. CITIZEN OF	WHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CIT	OF DEATH		
Germ	anv	USA		WIDOWE		Balti	imore	City.	MD.
10 CITY OR TOV	WN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUP	PATION	12b KIND C	F BUSINESS OR
Balt	imore		HEACILITY, GIVE STREET od Samar		Hospital	Technic			sBrewer
	IT NURSING HOME OF O	THER INSTITUTION.		E ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRE			
Mary			Baltin		YES X NO	2847 La		e. 212	13
14. FATHER'S NA	AME	DDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	51
Pet	er		Ebert		Marie			Peter	
160. WAS DECE	ASED EVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT	3405	置chod	ale Av	e,
No	(IF TES, GIVE	-	216-05	5-412	5ABernadi				21214
Conditio	BEOF DEATH (Enter only I. DEATH WAS CAUSED IMMEDIATE ans, if only, which se to immediate (o), stating the	BY: CAUSE (a) DUE TO, O	R AS A CONSEQUE	C E	ncephalopai	thy 1yocardio	el Int	facto	DAATE INTERVAL ONSET AND DEATH
underlyn	ng cause last.	(c)	Left	(00	vek lobe	prem	none	cal	
	OTHER SIGNIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	a ·
CERTIFICATION 190 DATE	OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES	
	DENT WAS UNDERLYING IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	216. TIME O HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART OR PART 2}	
OR CONTR	RY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC)	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
saw	ify that (I) (this hospita the deceased alive on	- /	014 19	89,00	7/76, 19 07 nd that in (my) (our) opinion	death accurred on the	1019 ne date and ho	or and fram the	
22b. SIO	eluce	cel	u_		ATTENDING PHYSICIAN [ALDICAL DIRECTOR PH	STAFF YSICIAN [10 DATE	SIGNED 14/84
22d PHYS	WOULD V	U. MI	ller, m.	D	11 E	Chare	5+	0	
230 BURIAL, CR (SPECIFY)	EMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	_	COUNTY	STATE
	urial	10/6/	/84 I	loly	Redeemer	Balto	o, Md.	TD A DIC A LOCK	andage.
24 FUNERAL DI	KECTOR		D - 7 J						

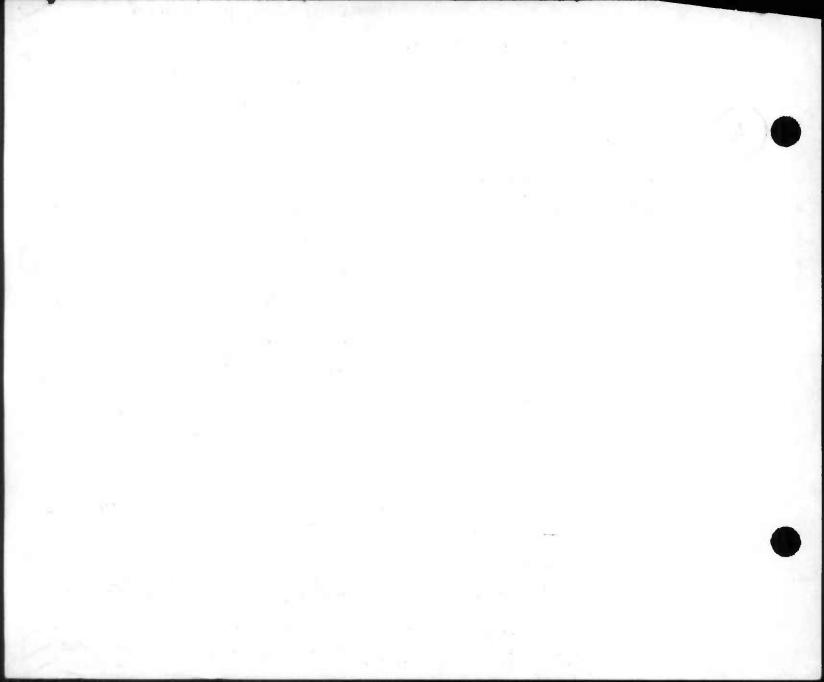
DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medi 2

JA.	1 -	FOR STATE REGISTRAR DANIEL	WILLARD	DEPARTM ECKMAN SR	MENT OF HE	OF MARYL ALTH AND CATE OF	MENTAL HTG	IEME.	47 HO	37 2	2
*		CEASED NAME FIRST		MIDDLE	ŁA!	ST		20 DATE OF DI	EATH MONTH	OAY YEAR	2h HOUR
oy be	(IIIPE	Dar	niel	Willard	LC.	kman	Sr.		10	22 84	6:108
moy po	3 SEX	(4. RACE		5. DATE OF	BIRTH	W6.1.D	6 AGE (IN YEAR	S LAST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Male	Whi	te	M9N2	13	13	70	YRS		
(N) 35		RTHPLACE (STATE OR FOREIGN OUNTRY) land	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED		MARRIED -		cur <u>or</u> coun Baltimor		MC
5 0 2//	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR		NOITUTION	12a USUAL OC		12h KIND C	OF BUSINESS OR
The soft	B	altimore		gnes Hospi				Salesma		olesale	Meat
hin 24 hours after ly filled in by the should be filed with the should be filed with the land	13a. S				AOMISSION)	13d. INSIDE (CITY LIMITS?		DRESS / ZIP CO		
2 sho		THER'S NAME					'S MAIDEN NA	ME			
and will be a will be will be a will	V	Harry	WIOOFE	Eckma	ın l		Amanda		HIDOLE	Tre	esize
5 0-1-	16a V	AS DECEASED EVER IN U.S		16b SOCIAL SECU		17 INFORM			ADDRESS	110	.0120
Poges medica	No		S, GIVE WAR OR OATES)	212-03-7	7569	Dolor	es C. E	ckman	Same	as # 13	
th certificate adming physicic corbon popers. or removal.		18 CAUSE OF DEATH (Enter PART), DEATH WAS CA	DIATE CAUSE (a)	or line far (a), (b), and	Car	chac	arres	- 0	r G. /	m	ONSET AND DEATH
equires that the death is signed by the attend. Then please remove co to burial, cremation, o injury, or other troumat		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, C	OR AS A CONSEQUE		Phyce	us deal	Sufar	etic Crit	0,	ens Las ago
he low on. hos bee t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH		I WAS PERFO	ORMED	20a AUTOPS	100 IF Y	YES, WERE FIND I TIFYING CAUSES YES []	NGS USED S OF DEATH?
AN Theophysical		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	LICIUD A	.M. MONTH DA	YEAR	ZIE HOW II	MJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN ITEM I	8 PART I OR PART 2)	
G PHYSICI ottending i er this cert is the burial	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFICAL EXAMINATION OF THE	21e PLACE	OF INJURY TREET, FACTORY OFFICE FA	ARM ETC)	211 LOCAT		(ITY OR TOWN	(OUNTY	STATE
ATTENDIN spital or CTOR Afi for use o of Health		22a I certify that (I) (this h sow the deceased allo- abave, (M) (we) (did) (di	on	10 8	7 0 0		19 16 () () () () () () ()	ta	on the date and h	our and from the	
by the ho ERAL DIRE e detochec		224. PHYSICIAN'S NAME	ne Par			22e ADDRE		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DATE	SIGNED 5/2/8
ro Hospital eroined by th TO FUNERAL should be deto with the Store IMPORTANT: I		0 15	NOLA	N		Mic	eller	Hell R	d Bal	t mel	21239
		SURIAL, CREMATION, REMO					CREMATORY	23d LOCATH	TOWN	COUNTY	STATE
BP	_	urial	10/25	/84 Lc	oudon	Park C	Cemetery	Balt	imore	MCTO A D'C C MT - 1 A	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	Le	roymeM. & Russ	ell C. W	itzke Pune	eral H	omes F	·A@OT	23 1984	S. A.	Widson-Add	delle :
(30 Edmondson	avenue, (aronsvill	Le, Md		101	- 11.70			

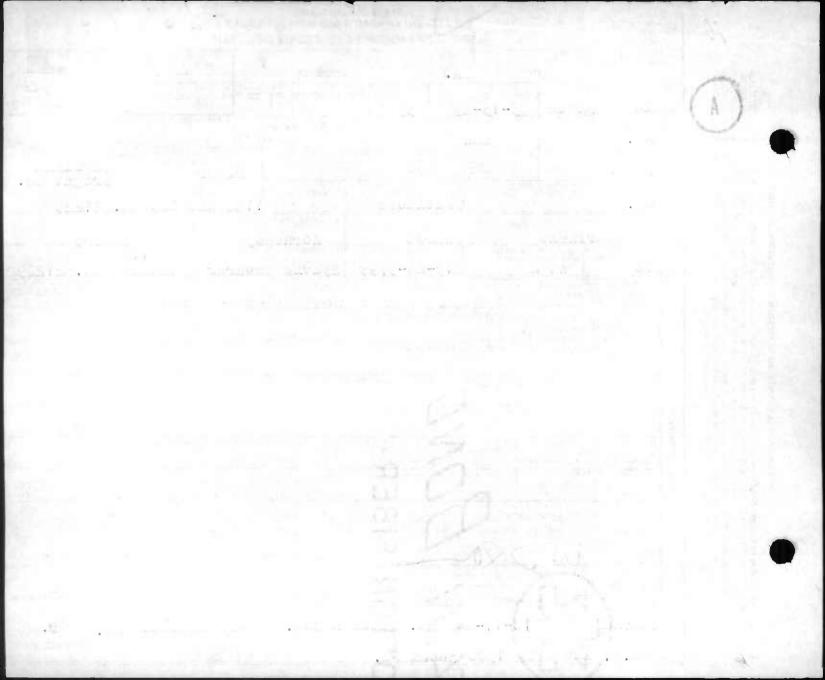


(VR A15 ME (5)) 20M 4/82

Chas.A.Rice FSPA 1300

	1-:	FOR STATE REGISTRAR			PEPARTMENT (OF HEALTI	MARYLAND I AND MENTAL CERTIFICATE		68	1 3		
	1. DECEASED NAME FIRST (TYPE OR PRINT)				MIDDLE R.	IIIVER 3	LAST	20 DATE OF	REG. NO. KNOWN MON ESTI- MATED 1	O 6	0.4	26 HOUR
	3 SEX		CARLITY (4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF UI	EDWARDS		WON T		17	2d HOUR
١	M	ale	Black	3-13-2	YEAR LAST BIR		HS DAYS HOURS	MIN. PRONOUN		0 6	19 84	3:04
	7a BI	RTHPLACE (S	STATE OR	76 CITIZEN OF WH			IED HEVER MA	PRIED 9 BALTIM	ORE CITY OR CO			
E	FOI	MD.		USA	1		V-V-		imore Cit	У		MD
0	10 CI	TY OR TOWN	OF DEATH		PITAL, NURSING HO		ER INSTITUTION	12a, USUAL OCCU	PATION (TYPE OF WO	Car	ND OF BUS	INESS Y_
0		Baltim		Universi	ty Hospit	al (ST	'U)	Driver		Gar	olin cht	a 00-
8	13a. S1		(IF IN NURSING HOME OR 136 COUNT		13c. CITY OR TOW Baltimo	/N	134 INSIDE CITY LIMITS	13e. STREET ADDRE		1. 21	229	
	14 FA	THER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	IDDLE	ı	LAST	
X			Garfield		dwards		Korne	egay	Ed	lward	8	
П	{YE	S, NO, OR UNKN		/AR OR DATES)	166. SOCIAL SECU		17 INFORMANT		ADDRESS 112	22		
		yes	DF DEATH (Enter only	2	215-24-		Sylvia	Edwards	Wicklo		PROXIMATE I	229
	NOI	gove r couse (o lying co	ons, if ony, which ise to immediate b) stating the <u>under-use last.</u>	(c)	AS A CONSEQUEN		E OR CONDITION GIVEN IN	N PART 1 (d).				
1	IFICATION	19a DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH C	PERATION V	/AS PERFORMED?				UTOPSY?	№ П
3	CAL CERTI	LINDERLYIN	AL CAUSE WAS G OR ING CAUSE OF D		MONTH DAY Y	YEAR	ow INJURY OCCUI Ibject was	RRED LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C		A	
	MEDI	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE K	STREET, FACTO	DF INJURY (AT HOM ORY, FARM, ETC.) rtment		OCATION STREET 01 Woodin	ngton Rd.,B		COUNTY		Md.
7		270 I cert death resul ACTUAL SIGNATURE	- Any	al couses .	Accident ,	on A <u>utar</u> Suicide	No. Despective (Specify) Assista	Undetermined mi	anner ,	GNED)-6-84	4
	230.BI	(TYPE OR PR	ATION, REMOVAL 23	M. Dáxon,		CEMETERY C	ADDRESS	Penn St.,		Ma. 2	21201	ATF.
	24. FL	Buria UNERAL DIRE	CTOR	10-11-8	34 Md.	Veter	an Cem.	Crown s	RVI 1 1 A	RS SIGNATU	MA	•
	C	has. A	.Rice F	SPA 1300	Eutaw	Pl.	00	CT 1 0 1984	gulia Dav	4dson-A	andree	-

Eutaw Pl.

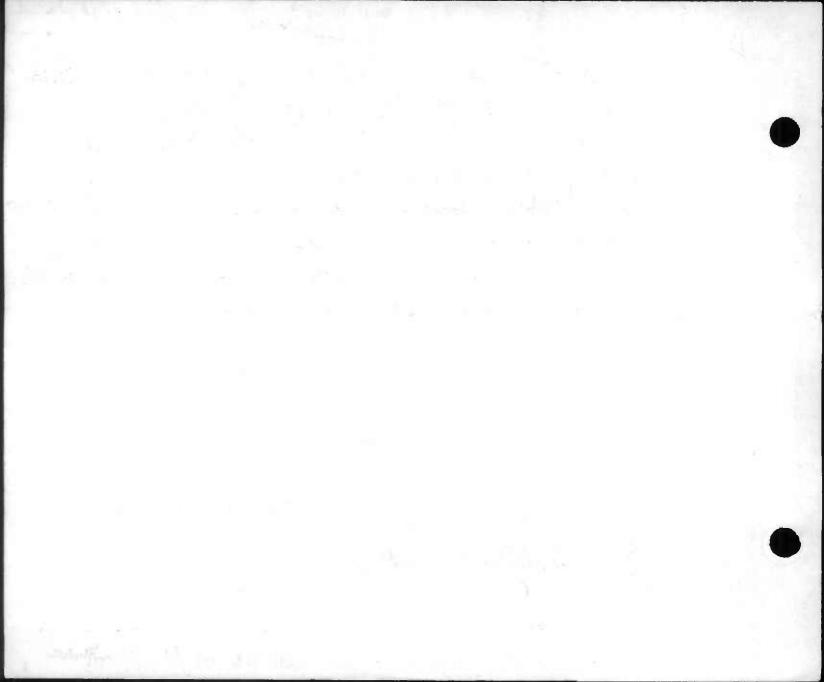


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.							
		CEASED NAME FIRST JO	ohn MIDDLE Francis	Eganhouse	20. DATE OF DEATH MO	NIH DAY YEAR	26 HOUR					
	11394	CEASED NAME SERST J.	* EGAX		10	24 84	8:48Am					
- 1	1. SE)		4 RACE 5. DATE C		& AGE (IN YEARS LAST BIRTHD)	AY) FUNCER I 15 AR	F UNDER 24 HRS.					
		W	Caucasian "S	DAY YEAR	(0)	YRS.	MOURS MIN.					
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	BALTIMORE CITY OR	OUNTY OF DEATH	-					
5		Iowa	U.S WIDOWE		Batt. Cit	4 Warn	AND MO.					
1	11,0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WE		W BUSINESS OF					
A	5	of City		Hopital	mulitan							
1		AL RESIDENCE (IF NURSEAL DESIGNATION OF THE STATE	CETT OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	O IP CODE						
5	100	ms Fr	Ato Ball more	YES NO	8121 WINZ	1 Stream W	My 2104					
21	y.FA	THER'S NAME	MICOLE C JASI	15 MOTHER'S MAIDEN NAM	AE MIDDLE	(AS	1					
C	/	TRANK	- EgonHorse	Anna		Huilman	n					
1	Ma. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS FOC	gewood, Md.	21040					
4	/	UED WII, KO	rea, Viet 483 os 9274	Mrs. Flora L.	Eganhouse, 81	2A Windstr	eam Way					
		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c).)			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH					
		PART I. DEATH WAS CAUSE	TE CAUSE (a) CANDIO DULIN	non our Arr	tos							
		DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which gave rise to immediate											
		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF									
		underlying cause last	(c)									
	,	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	a					
	ATION				Too waters In	Ob. 1F YES, WERE FINDIN	100 11050					
/	PICA.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED		N CERTIFYING CAUSES	OF DEATH?					
_	CERTIFIC	21g, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCURR	YES NO	YES [NO 🗌					
8	0	OR CONTRIBUTING CAUSE OF DE		210 HOW HAJORI OCCORR	CD (ENIER NYTORE OF INJORY IN	HIEM IS PART TORPART 2)						
7	S.	(IF EITHER NOTIFY MEDICAL EXAMINE		211_LOCATION								
	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY	STATE					
		AT HORK AT WORK	utal) attended the deceased from 9 3 8	DA SY	: 10-24	- 54						
		228. certify that (I) (this hasp saw the deceased alive an	man anended me deceased nom	nd that in (my) (aur) apinian d	, 10		that (I) (we) last					
		above, (1) (we) (did) (did no	an view the oddy after death.	DEGREE		224 DATE						
		Nousel /	Hatries 14	ATTENDING	MEDICAL STAFF	V 10-	26-44					
_		728, PHYSICIAN'S NAME (1994	SHULLAN	22e ADDRESS	DIRECTOR PHYSICIAL	10	21 0/					
1		2	-	3100 01	wand pank D	e suid						
\vdash	_	DAVIA BITAN	0.101030		1236 LOCATION	ZIO C						
		BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE					
	24 FI	Burial O	oct.29,1984 Atlington	National Cem.	Arlington E REC'D. BY REGISTRAR 25h	Arlington REGISTRAR'S SIGNAT						
		NAME	ADDRESS MA				and Blo					
		nowald K. McColl	nas III, Abingdon, Md.	21003	2 6 1984 / "	ha Levidson-A	1					
					0							

DHMH - 16 50M 4/83 (VRA 15, 4)



GREGORY

ompletely filled in

injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

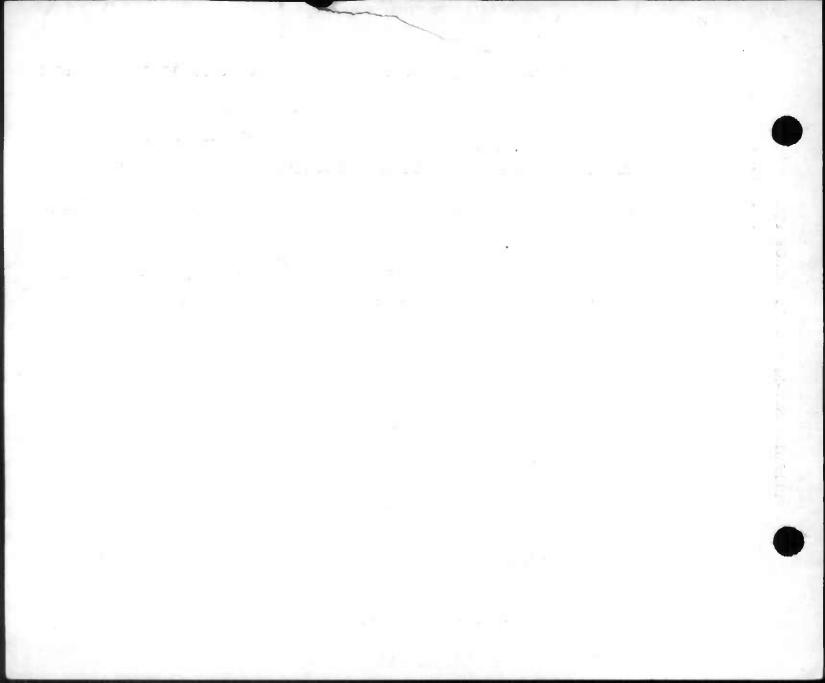
BP______ DHMH ~ 16 50M 4/B3 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYTAND DEPARTMENT OF HEALTH AND MENTAL GYGIENS CERTIFICATE OF DEATH

26376

	1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	10.		
		CEASED NAME OR PRINT)	HAN'	rion	T.	ELEY	AST	2	OCTOBER		L984	26 HOUR 5:24A
	3. SE)	male		4 RACE bla	c k	5. DATE C MONTH 10		AR	AGE (IN YEARS LAST BE	RIHDAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MINL
5	Ma	RTHPLACE (STATE OR F COUNTRY) arvland		U.S.A		WIDOWE		ED 🗌	BALT IMO	RE C	ITY	MD.
3	В	TY OR TOWN OF DEA BALT IMORE		THE	TOHNS	"HOPK'IN	S HOSPI		20 USUAL OCCUPAT			F BUSINESS OR
L	13a. S M a	AL RESIDENCE (IF NURS) STATE aryland THER'S NAME	13b. COUN		13c. CITY OR		13d INSIDE CITY LIA YES X NO [2424 E.		_	1213 Avenue
C		James VAS DECEASED EVER		H .	Ele		First Hatt	ie	MIDDLE	ESS	Hall	ī
	(1	ves, no or unknown) NO	(IF YES, GIVI	E WAR OR DATES)	219-3	8-2851	James E Hattie		2523 E.	Cha	se Str	eet
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)										
	NOI	gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	g the last.	(c)	R AS A CONSE		NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COM	IDITION GI	IVEN IN PART 1:0)
2	CERTIFICATION	190 DATE OF OPERAT	190 DATE OF OPERATION 196 CONDI			ion for which operation was performed			200 AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES	OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 210. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DEA	TH HOUR A.I	M. MONTH M.	19	211 LOCATION STREET	OCCURRED	CITY OR T		PART 1 OR PART ?}	STATE
		220 I certify that (I) saw the decease obave, (I) (we) (c	(this hospited of olive on,			19 or	od that in (my) (our) o	SH opinion dec	to 18/19	date and ha		
		226 PHYSICIAN'S NA	AME INTO	olio .	_		ATTENI PHYSIC		MEDICAL STA		10/	4/84
	**		Ц	Sato		22 NAME OF S	Johns +	to pkir		; B	alternor	e
	- 5	BURIAL, CREMATION,	REMOVAL	10/17			ional Me	m Pk		_	COUNTY	Md.
	24 FL	INERAL DIRECTOR NAME March	r F/H	Inc.	1101	E Nort	h Avenue	250 DATE R	1 5 1984	Julia.	Davidson-	Mandall



DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLBYGIENE

6 8

١	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
100	T DECEASED NAME FIRST HELEN		TT	OCTOBER 5.	1984 26 HOUR 4:31 P
	Female	4. RACE S. DATE.	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	- 771
Ž	MASS.	U.S.A. WIDOW		BALTIMORE CITY OR CO	CITY MD.
2	BALTIMORE	JOHNS HOPKINS HO	SPITAL	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WO	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Phone
5	13a STATE Md. 13 COUNTY	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) NTY 13C CITY OR TOWN. RROLL SYKESTILLE	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS CO	enton Ave. 1984
	William	MIDDLE B. COBB	15. MOTHER'S MAIDEN NA	M . MIDOLE	Padgett
1	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO. 1099 09 000 4	MARCILIAE	Stec. BA	
	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), ond (c). ED BY TE CAUSE (a) CARDIAC UNK	SERVEN BUENES	5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45 Min
1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (ast.	DUE TO, OR AS A CONSEQUENCE OF (b) HEMORRHAC DUE TO, OR AS A CONSEQUENCE OF (c) HORTO BIFER	0		3 HRS
1		(c) HORO BIFER			ON GIVEN IN PART 11a
2	190 DATE OF OPERATION 10/5/84 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION THE AT	THEROSCLEROSIS		O. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
1	00.00110101010	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
-	GEONINGUING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an obove (n) well didn't did no	the view the bady after death.	nd that in (m) (our) opinion	death accurred an the date o	nd haur and from the causes stated
	22b SIGNATURE	Casalo 100	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 10/5/84
	228 PHYSICIAN STVAME (TYPE O		22e ADDRESS	+	
	230. BURIAL, CREMATION, REMOVAL GENERAL SPECIFIC	236. DATE 236. NAME OF CARRY	Comoton Su	23d. LOCATION CITY OF DWN WARPE	tract Carroll State
	24 FUNERAL DIRECTOR HOLLES (1). Hol	with Suppress 1/2	MA. 250. DAT	T 8 1984	REGISTRAR'S SIGNATURE

The state of the s

executed within 24 hours often

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

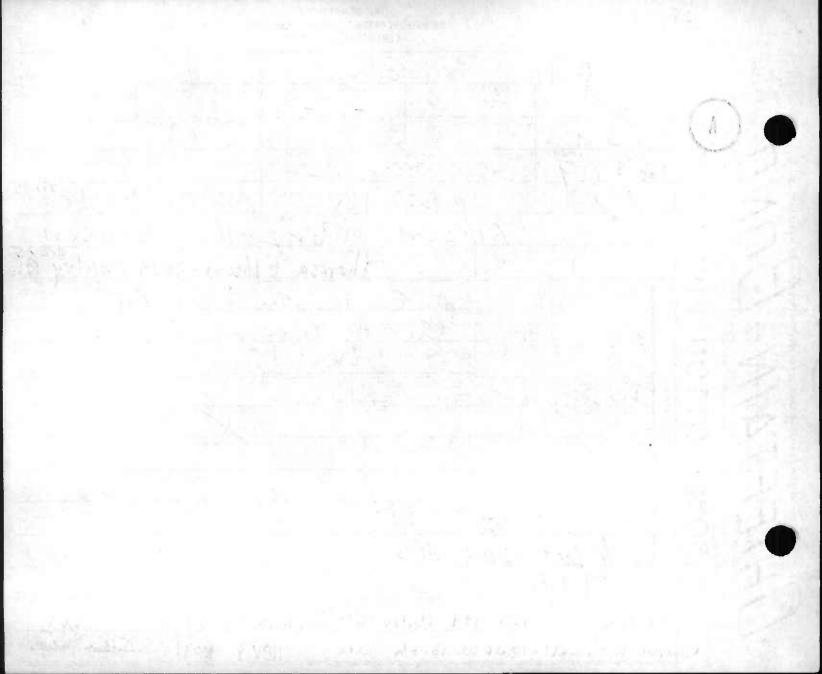
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 268/8

-		REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO	10.	
		ECEASED NAME PE OR PRINT) Wille	2 MIDDLE	Ellison		NONTH DAY FYEAR	26. HOUR 10120 M
1	3. SE	JU	15	DATE OF BIRTH	6. AGE (IN YEARS LAST DAY	MONTHS DATS	
Pouce	1	COUNTRY] USA	WI	MARRIED NEVER MARRIED NOVEL DIVORCED	CITU	OR COUNTY OF DEATH	MD.
2 Hillied	E	21/15 (ity	11. NAME OF HOSPITAL, NURSING HI (IF DOTIN SUCH FACILITY GIVE STREET ADDRE	SPITAL	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS OR
35	130. 5	STATE	OTHER INSTITUTION GIVE REJIDENCE BEFORE AUMITY	YES NO	13 STRED BOYSS	Patcky t	Ne 212/5
2 Samine			AIDDLE ELL'S SO ST	15. MOTHER MAIDEN NAM	-e // MIDDLE		AST 6 M
e medico			WAR OR DATES)	Therese E	1/1sum -3	1029 Oak	184 Gre
c event, #		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ne Phalopothe	, lerels	3/ Edon	DXMATE INTERVAL IN ONSET AND DEATH
troumotiv		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	Eits Cymp	home , 6	arcinona	tous
or other		cause (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	resind,	Tis		
ny injury,	ATION	PART 2 OTHER SIGNIFICANT CO	OPDITIONS CONTRIBUTING TO DEAT	Khohol-3m	I 200 AUTOPS ?	20b. IF YES, WERE FINDS	
shows o	CERTIFICAT	210, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES	S OF DEATH?
or Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	110.10 111 110.101	YEAR 19 211. LOCATION	ED MINISK MANURE OF 11970	IY IN ITEM IS PART I OR PARTS	
morked o	ME	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this haspital	(AT HOME STREET, FACTORY, OFFICE, FARM, E	ETC.) STREET	CITY OR TOV	ty	STATE
em 21 is		saw the deceased alive on abave, (I) (we) (did) (did nat) v	19124 1919	, and that in (my) (our) opinion of	death occurred on the do	ote and hour and from the	that (I) (we) lost the couses stated
ANI. =		22d. PHYSICIAN'S PLANT	Kayl MD	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FF N	rylfy
IMPORTANT	23a f	MARIE	JAOU 136 NAME	MID SUA	-/ HOSP	'of BA	HTT/MORE
-	B	SPECIFY) *	10/28/84 (Peda	14 Hill Gardens	S BYGOKTY	COUNTY 755. BEGISTRAP'S SIGNAT	MC STATE
80 C/	arl		1206 W. MORESS + h	are NO	V 1 1084	Julia Davidson	-Aandelle

DHMH-16 30M 2/80 (VRA 15, 4)

BP



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Manhall Hygiene prior to burial, creamoval.		1		
meral director, p in 72 hours after of ourse		6	2	-
ould be detached for use as the burie th the State Dept of Health and Men	meral director, p	al-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filed within 72 hours after drain		Slare of once.
ould be detached for use of the State Dept of Health	ter this certif	is the burial-t	hand Mental	shad or bade
bould be detact the State Di	RECTOR A	hed for use c	ept of Healt	Ham 21 is man
0 4 3 3	TO FUNERAL D	should be detac	with the State D.	INDUDATANT IS

death. Page 4 may be

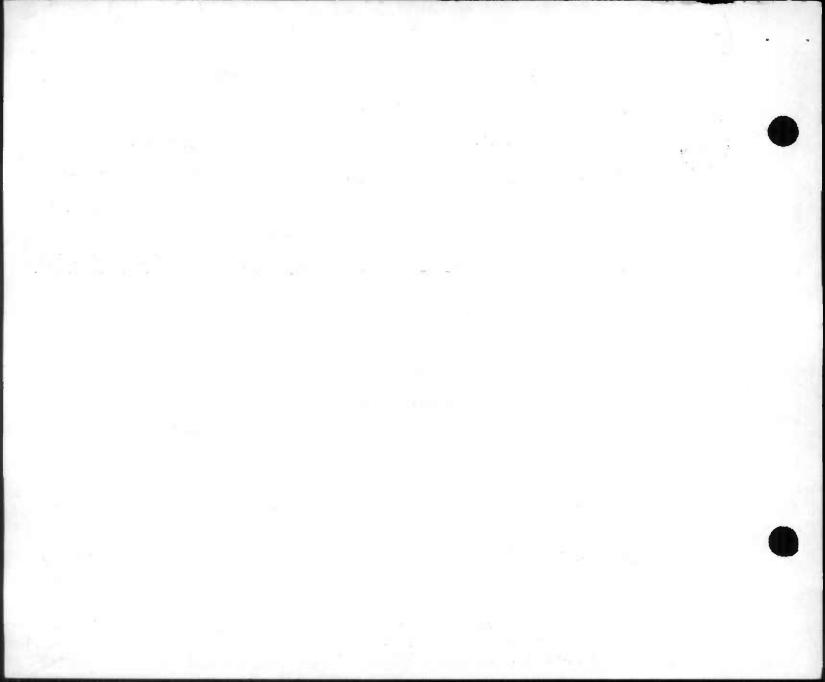
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

13	6	8	7	9
2	O	O		

	- STATE REGISTRAR	DEPARI		EALTH AND MENTAL AYG ICATE OF DEATH	IENE FEG. NO	0.		
	CEASED NAME FIRST	MIDDLE	·	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
(TYPE	E OR PRINT) BERT	'НΔ	ENGEI	MAN	OCTOBER 14	1. 1984		4 P. A
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF		UNDER I YEAR	IF UNDER 74 HRS
	FEMALE	WHITE	DECEN	BER ~14,1901 _	82	YRS.	DAYS DAYS	HOURS MIN.
-	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
N	MARYLAND	U.S.A.		DXXX DIVORCED	BALTIMOR	RE CITY	7	ME
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND OI INDUSTRY	F BUSINESS OR
	BALTIMORE	3907 SEVEN MILE	LANE	APT. D-2	HOUSEWIFE		AT F	HOME
13a. S	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 131. CITY OR TON	WN	13d. INSIDE CITY LIMITS? YES [X] NO [13e.STREET ADDRESS / 3907 SEVEN	ZIP CODE MILE I	(21 ANE, AF	1208) PT.D2
	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	0		
	WOLF	BECKER	2	ANNI	MIDDLE	K	JSEN SU	1E16
	WAS DECEASED EVER IN U.S. A	URITY NO.	17. INFORMANT	20°5	S. CHAR	RLES ST		
MIWI.	(YES, NO OR UNKNOWN) (IF YES, C	217-05-	7287	WILLIAM H. EN	NGELMAN TÖtÌ	hFLRS	SUNLIFE	BLDĞ.
N. I.	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a	nd (c).)	a of fran	•		BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUS	1	worth					
	underlying cause lost) DUE TO, OR AS A CONSEQU	JENCE OF					
IIFICATION		CONDITIONS CONTRIBUTING TO A Hoy rolling 196. CONDITION FOR WHICH	~ P.	uelo membr	INAL DISEASE OR CON 200 AUTOPSY? YES NO NO NO	20b. IF YES,	WERE FINDIN	IGS USED
CERTIFICATION	PART 2 OTHER SIGNIFICANT Hyper at 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	H OPERATIO	uelo membr	200 AUTOPSY? YES NO NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDINING CAUSES	IGS USED OF DEATH?
	PART 2. OTHER SIGNIFICANT Hyper par 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196. CANDITION FOR WHICE 196. TIME OF INJURY HOUR A.M. MONTH I	H OPERATIO	NWAS PERFORMED	200 AUTOPSY? YES NO NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDINING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT Hyper 19a DATE OPPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (HEITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHAT NOTIFY OF THE CANADING WHATE NOTIFY OF THE CAN	196. CANDITION FOR WHICE 196. TIME OF INJURY HOUR A.M. MONTH I	H OPERATION DAY YEAR 19	NWAS PERFORMED	200 AUTOPSY? YES NO NO NO	20b. IF YES, IN CERTIFYI YES	WERE FINDINING CAUSES	IGS USED OF DEATH?
	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify the (I) (this has sow therdeceosed alive of the contribution)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 FARM EICT	21t HOW INJURY OCCURI 21t LOCATION STREET 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUITY OR TO DECLIFY OR TO DE	20b. IF YES, IN CERTIFY! YES BY IN ITEM 18 PAR	WERE FINDING CAUSES IT I OR PART ?) COUNTY	IGS USED OF DEATH? NO STATE
	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHALE NOTIFY MEDICAL EXAMIN AT WORK 27a I certify the (II) this has sow the deceased give a above (II) well did did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17P) 27d. PHYSICIAN'S NAME (17P)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE) pital) attended the deceased from pon 19 pon	DAY YEAR 19 FARM ETC)	21t HOW INJURY OCCURI 21t LOCATION STREET 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY? YES NOTER NATURE OF INJUINATION TO CITY OR TO COURSE OF INJUINATION TO THE DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYI YES RY IN ITEM IB PAR ate and hour of	WERE FINDING CAUSES COUNTY COUNTY 221. DATE	IGS USED OF DEATH? NO STATE
MEDICAL	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHALE NOTIFY MEDICAL EXAMIN AT WORK 27a I certify the (II) this has sow the deceased give a above (II) well did did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17P) 27d. PHYSICIAN'S NAME (17P)	21b. TIME OF INJURY HOUR A.M. MONTH E BERN P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE pital) attended the deceased from and view the body after death. CORPRINT) C. SHOCHET, M. 21b. TIME OF INJURY (AT HOME STREET FACTORY OFFICE DITALL STREET FACTORY OFFICE CORPRINT) C. SHOCHET, M. 21c. SHOCHET, M.	DAY YEAR 19 FARM EIC) NAME OF C	216 HOW INJURY OCCURION 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 220 ADDRESS GFOR PAR EMETERY OR CREMATORY	200 AUTOPSY? YES NOTER NATURE OF INJUINATION TO CITY OR TO COURSE OF INJUINATION TO THE DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR ate and hour of	WERE FINDING CAUSES COUNTY COUNTY 221. DATE	IGS USED OF DEATH? NO STATE
WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHAE NOTIFY MEDICAL EXAMIN AT WORK NOT WHITE 22a I certify the (I) this has sow the deceased alive cobove (II) well did thid 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1YP) BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL, CREMATION, REMOVA BURIAL, CREMATION, REMOVA BURIAL	21b. TIME OF INJURY HOUR A.M. MONTH E BERN PLACE OF INJURY (AT HOME STREET FACTORY OFFICE pital) attended the deceased from and view the body after death. 21b. TIME OF INJURY (AT HOME STREET FACTORY OFFICE DITAL 23b. DATE 23c. AL 23c	DAY YEAR 19 FARM EIC) NAME OF C	211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS GOOD PARA 220 ADDRESS GOOD PARA 220 ADDRESS CEMETERY OR CREMATORY RAEL CEM	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUID CITY OR TO MEDICAL STAI DIRECTOR PHYSIC PHYSIC 23d LOCATION CITY OR TOWN BALTIMORE	20b. IF YES, IN CERTIFY! YES IN TERM 18 PAR TOWN The arte and hour of	WERE FINDING CAUSES COUNTY COUNTY 22c. DATE COUNTY MAI	STATE STATE STATE STATE STATE STATE STATE STATE STATE
23a. 1	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERAYON 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 22a I certify that (II) this has sow the deceased give above (II) well did thid 22b. SIGNATURE BURIAL CREMATION, REMOVA (SPECIFY) BURIAL UNERAL DIRECTOR SOL NAME	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE pital) attended the deceased from and view the body after death. 21c. OF PRINT) C. SHOCHET, M. 21d. 23b. DATE 23d. 23d. DATE 23d. 23d. DATE 23d. 23d. DATE 22d. 23d. 23d. 23d. 23d. 23d. 23d. 23d.	DAY YEAR 19 19 NAME OF C NAI IS , INC.	216 HOW INJURY OCCURI 211 LOCATION STREET 19 9 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (COMMETTER) 22e ADDRESS GFOY PAN EMETERY OR CREMATORY RAEL CEM 25e DAT	200 AUTOPSY? YES NOW RED (ENIER NATURE OF INJUI CITY OR TO TO DEDICAL STAI DIRECTOR PHYSIC PHYSIC 234 LOCATION CITY OR TOWN	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR OWN 25b. REGISTR.	WERE FINDING CAUSES COUNTY COUNTY 22c. DATE COUNTY MAI	STATE STATE STATE STATE STATE STATE STATE STATE

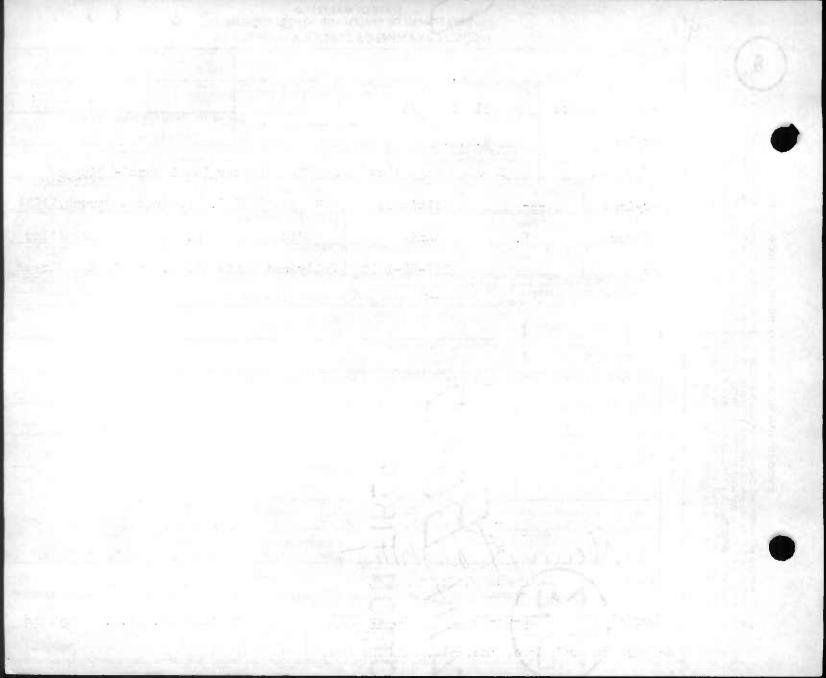
DHMH - 16 50M 4/83 (VRA 15, 4)

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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IENE		170		Ph.	4

1.	REGISTRAR				CERT	FICATE OF DEAT	H	REG. N	10.				
	CEASED NAME	FIRST	A	AIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
TITPE	OR PRINT)	CORI	VELIA	Н.	ENSO	R			10	16	84	6	■ M
3. SE	x		4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UN	HE DAYS	#F UNDE	R 24 HRS
	Female		Whit	e		rch 5, 18	97	87	YR	S.		HOURS	Min.
	RTHPLACE STATE OR F	OREIGN	b. CITIZEN OF	WHAT COU	NTRY? 8	IED NEVER MARRI	ED []	9. BALTIMORE CITY	OR COU	NTY OF	DEATH		
	MD		U.	SA	WIDOV			Baltimor	e C	ity			MD.
1' -	ITY OR TOWN OF DEA	тн	11. NAME OF	OSPITAL,	NURSING HOME	OR OTHER INSTITUTION		12a. USUAL OCCUPAT	ION	17	26. KIND O	F BUSIN	
Baltimore Church Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR				ne Corp			Nurse	DF WORKIN	IG LIFE)	Hosp	pital	ı	
USU.	AL RESIDENCE (IF NURSI	13b. COUN		13c. CITY O		13d. INSIDE CITY LIA	MITS?	130. STREET ADDRESS					
	MD				imore	YES 🔀 NO		101 N. E	3ond	St	reet.	, 21	231
14. FA	ATHER'S NAME		AIDDLE			15. MOTHER'S MAIL	DENNA	AE MIDDLE			1.00		
	John	^	T.	Ha	ii	Ella		MIDDLE		H	Hall	,1	
	VAS DECEASED EVER			16b. SOCIA	L SECURITY NO.	17. INFORMANT		ADDR	ESS	310			
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220	07 1380	Chunch	Hom	e Corpora	ation	\ E	Balto	٨	AD
-		H.C. to and				Orial Cit	1 1011	ie corpora	AL IOI	1		IMATE INTO	RVAL
	18. CAUSE OF DEATH PART I. DEATH W	AS CAUSEL	BY:	-	opulmen	in Anne	+				BETWEEN	JINSET AN	DEATH
Canditions, if any, which (b) Consequence of Heart Failure									3/				
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF												
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI				G TO DEATH BU	UT NOT RELATED TO TH	HE TERM	INAL DISEASE OR COM	NOITION	GIVEN I	N PART 110	o'	
MEDICAL CERTIFICATION	190 DATE OF OPERAT				WHICH OPERATI	ON WAS PERFORMED		200 AUTOPSY?			ERE FINDING CAUSES		TH?
ERT	21g. ACCIDENT WAS UND	FRI YING	216. TIME O	FINIURY		121c HOW INJURY	OCCURR	YES NOW	I I I I I I I I I I I I I I I I I I I			140	
AL C	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONI	TH DAY YEA	R	o ccom	CO (CALEK ANTONE OF NATI	JA T IN TIEM	19.7 A.	OK - AK - 27		
DIC	21d. INJURY OCCURE		21e. PLACE	OF INJURY		211. LOCATION		CITY OR TI	OWN		COUNTY		STATE
M	WHILE NOT WH	RK -	(AT HOME, STR	EET, FACTORY,	OFFICE, FARM, ETC.)	STREET		CITY ON IT	JWN		COUNTY		STATE
	saw the decease abave, (1) (100)					and that in (my) (aur)	7/ apinian d	death accurred an the c	date and	, 19 haur and	d fram the	that in causes s	(we) last tated
	22b. SIGNATURE	(did id)	view the Bady	Al 9		DEGREE		2.1			22c. DATE	SIGNED	>
	Lower	reck	tous.	My.		ATTEN PHYSI		MEDICAL STA			10/	16/0	84
	Lawren	4	Appel			Churc	h H	one Hospir	2/				
	BURIAL, CREMATION,	REMOVAL	23W DATE		23c. NAME OF	CEMETERY OR CREMA	ATORY	23d. LOCATION			MINITY		STATE
	Burial		10/18	3/84	Balto	. National		Balto.	,	60	YTAUC	MD	STATE
24 F	UNERAL DIRECTOR	lenry	W. Je	nkins			250. DATE	REC'D'. BY REGISTRAL	R Th. REC	Jark AR	SSIGN	Moles	2
	4905 York	Roa	d Balt	0.,	MD 21	212	UUI	1 0 1904				,	

DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physician.

with the state Dept. at treating and mental trygierre prior to bornal, a entation, at fettional. (U.) MPORTANT: If them 21 is marked at them 18 shows any injury, or other traumatic event, the medical exam

FOR

after death

executed within 24 hours after death. Page 4 may be

· A A I Nun e ho of 101 No. Bon Servet, 21221 il ora 11 -1 11= 4 Church Hore Condition 1.0 Eurial 10/18/30 Salto Mational hand W. Janina Back On ASUS YORK FOR BUILD. - WE 21212 death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALLYGIENE

6

	FOR STATE REGISTRAR		DEPARTA		EALTH AND M		ENE REG.	NO.			
	EASED NAME FIRST	The state of	MIDDLE	t	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	3
(inte	Thom	45	L.	EX	NIN	Sr.		10	11 84	77	AM
3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	BRIHDAY)	MONTHS DAY		PA HRS
	Male	В1	ack	1	15	41	43	YRS			
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	X NEVER MA	ARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH	1	
	aryland	U.S.	Α.	WIDOWE		ORCED	BALTIMO	RE C	ITY,		MD.
10 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	NOITU	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINES	SS OR
	altimore		is Scott		Medic	al Ct	r,				
USUA 130. S1	L RESIDENCE (IF NURSING HO) TATE 13b. C	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE		13d INSIDE CIT	Y LIMITS?	13e STREET ADDRES	S / ZIP CO	DE		
	ryland	1 - 1 - V	Baltin	nore	200	40 🛮	609 Eas	t 37	th St.	2121	18
14. FA1	THER'S NAME	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE			LAST	
	Robert		Ervin			lia			Mos	ley	
	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADD	PRESS			
	NO		217-34-	-5788	Delor	es G.	Ervin 6	09 E	. 37th	Stre	eet
	18 CAUSE OF DEATH (Ent	er only one couse pe	r line for (o), (b), one	dien	,	7	/		BETWEE	OXIMATE INTERV	VAL DE ATH
	PART I. DEATH WAS CA	DIATE CAUSE (0)	Cardion	respi	VAtor	1 /4	ilure				
		DUE TO, C	R AS A CONSEQUE	NCE OF							
	Conditions, if any, which	h (1b)_									
	gove rise to immediat cause (a), stating th	DUE TO, C	R AS A CONSEQUE	NCE OF							
	underlying couse loss	(10_									
	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED I	O THE TERMI	NAL DISEASE OR CO	ONDITION G	EIVEN IN PART	lio.	
é											
CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20s AUTOPSY?		ES, WERE FINI TIFYING CAUS		
THE LE							YES NO		YES 📄	NO []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	LIOUR A	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURRI	ED (ENTER NATURE OF IT	NJURY IN TIEM 1	8 PART TORPART?)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		.M.	19							
ED I	21d. INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC.)	211 LOCATION	4	CTTY OR	TOWN	COUNTY	st	ATE
_	AT WORK NOT WHILE AT WORK							,			
	220.1 certify that (I) (this i	111	he deceased from_	DC+	- 3	19 8 4	10 00	- 10	19_87	_, that (I) (w	
	sow the deceased alive above, (1) (we) (did) (d	e on	ofter death.	or . or	nd that in (my) (our) opinion d	leath occurred on the	date and h	our and Irom t	ne couses stat	ted
1	AND TANKE HE	1/1		47.0	DEGREE	******	uspic si		22c. DA	TE SIGNED	
	Lieu	1101	~	/	VI PI	TENDING HYSICIAN	MEDICAL S' DIRECTOR PHY	SICIAN	10	11/8	4
7	THE PHYSICIAN'S NAME I		15		22e ADDRESS	1 4 6					
	SIE	VALOI	UE		FS	KM	_	11.2	100 3	300	
	JRIAL, CREMATION, REMO				EMETERY OR CE		23d LOCATION		COUNTY	41	ATE
B	TR'T AT.	1 10/1	7/84 B	altin	nore Ce	meter	Baltin	nore.	COUNTY	Mď	•

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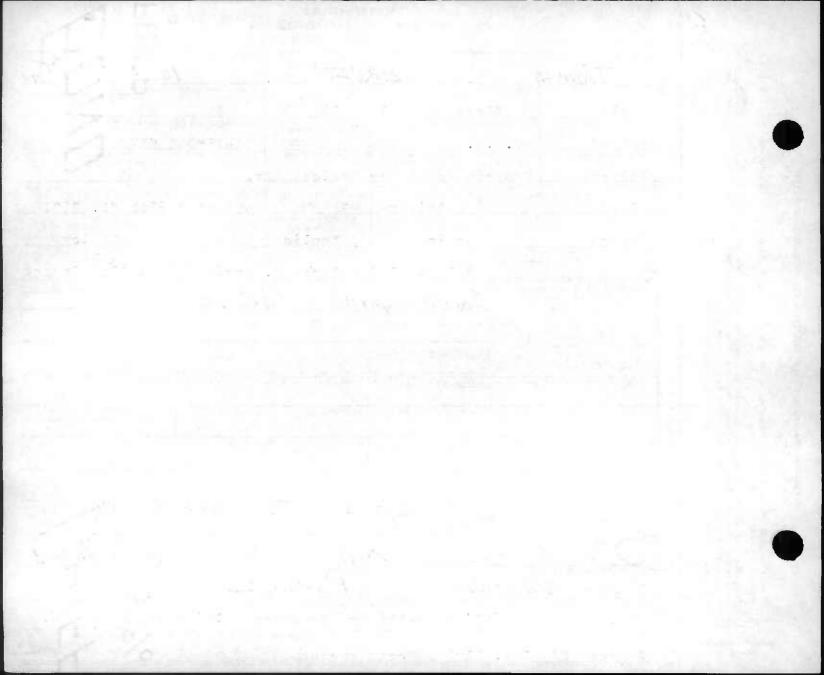
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is morked or Item 18 shows any injury, ar other traumatic event, the

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physician.

24 FUNERAL DIRECTOR
NAME
Wm C March F/H Inc. 1101 E North Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firmers that all the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages of and 2 should be filled with a 17 han with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. executed within 24 haurs after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital or attending physician.

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injury, or other troumatic event, th

With the Druce cept.

MAPORTANT: If Hem 21 is marked or Hem 18 shows any

A. Alan Seitz, Jr. Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA DIYGIENE

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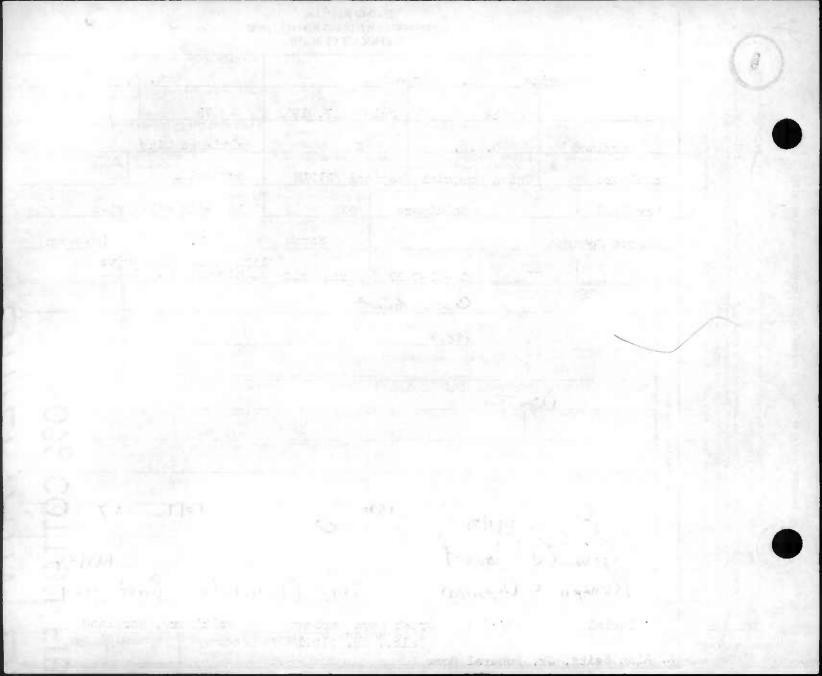
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1-	FOR STATE REGISTRAR			D			ICATE O		HYGH		G. NO.	0 0	3		
	CEASED NAME	FIRST	M	NIDDLE		ı	LAST.			20 DATE OF DE	TH MONTH	DAY	YEAR	2b. HQU	IR
11111		herine	2	М.	Esp	osit	0				Oct	. 4,	1984		м
3. SEX			RACE			5. DATE C		YEAR		AGE (IN YEARS	AST BIRTHDAY	IF UND	DER I YEAR	IF UNDER	24 HRS
F	Temale		White		4.00	Jul		7. 19		7:	3 Y	RS.) UNIS	HOURS	print,
Za. BI	RTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF V	VHAT CO	UNTRY?	8 AAADDIE	D NEVE	DALADDIET		9 BALTIMORE	ITY OR CO	JNTY OF D	EATH		
	Maryland		U.S	. A.		WIDOWE	-	DIVORCED		Baltimo	ore Ci	ty			MD.
	TY OR TOWN OF DEA	TH 11	NAME OF H (IF NOT IN SUCH Inion M	OSPITAL,	IVE STREET AC	DRESS)		NSTITUTION 21218	7	120 USUAL OCC (TYPE OF WORK FOR Housey	UPATION MOST OF WORK	121	L KIND O DUSTRY	F BUSINE	SSOR
USU/	AL RESIDENCE (IF NURSI	NG HOME OR OTH	ER INSTITUTION,	GIVE RESIDEN	NCE BEFORE A	DMISSION)			1		2500		71	121	/
	Maryland	136 COUNTY			or town timor		YES X	NO [1130 Fa		11 Dr	ive		
	THER'S NAME							R'S MAIDE		E					
-	George John	MID	DLE		LAST			Sarah	1		DLE		(11n)	r Snowr	1)
16a V	VAS DECEASED EVER I				03-29		17 INFOR		1		DDRESS LS Hil	1 Dr hi 212	ve .		-/-
N	18. CAUSE OF DEATH PART I. DEATH W/ Conditions, if ony, gave rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN	which ediate the lost	DUE TO, OR (b) DUE TO, OR (c)	AS A CO	DINSEQUEN DINSEQUEN	NCE OF	NOT RELAT	ED TO THE	TERMIN	nal Disease Or	CONDITION	1 GIVEN IN		MATE INTER	ĎĘĂTH
CERTIFICATION	19a DATE OF OPERAT		19b. CONDIT	TION FOR	WHICH C	PERATIO	N WAS PER	FORMED		20a AUTOPSY		IF YES, WEF			
RTIF										YES NO	0	YES 🗌		NO [_
MEDICAL CE	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI	AUSE OF DEATH ALEXAMINER) ED	21b. TIME OF HOUR A.A P.A 21e. PLACE C (AT HOME, STRE	A. MON A. DE INJURY	,	19	ZII LOCA		CCURRE	ED (ENTER NATURE	OF INJURY IN ITE		OUNTY	5	TATE
	220.1 certify that (1) saw he depease above, (1) (we) (d 22b. SGNATURE	this haspital)						~		, ta eath occurred an			,		
	22d. PHYSIGIAN'S NA	ME ITYPE OR PR	Lac INT)	w			22e ADDI	PHYSICI RESS		MEDICAL DIRECTOR F	STAFF HYSICIAN		1dr	184	
	KICHAY			nmo			354	7 C	has	mut the	- \$	alt	21	211	
	BURIAL, CREMATION, F	REMOVAL	23b. DATE				EMETERY C		ORY	23d LOCATIO CITY OR 10	WN	cou	MIX -	5	TATE
24 5:	Burial		10/8/8	34	Cres	t La	wn Ga	rdens	10.475	Balt	imore,	Mary	land		
14 1	JNERAL DIRECTOR				Ba	+	Md. 2	TOTAL	DATE	K CUL PD NC	KAKTHUKR	MARIE	BENA	100	64

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(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALMY GIENE

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dia.				

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT)	FIRST HERBERT	MIDDLE		SSINGER	October 21, 1	984	8 DPM
	Male	4. RACE White	9	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7	70. BIRTHPLACE (STATE ORFI		WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City OR COUN		MD
0	10. CITY OR TOWN OF DEA Baltimore		HOSPITAL, NURSIN ICHFACHITY GIVE STREET AIR CONVA.		or other institution at Home	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Factory Worker	LIFE) INDUSTRY	OF BUSINESS OR
5	NUSUAL RESIDENCE (IF NURSI 13a STATE Maryland	NG HOME OR OTHER INSTITUTIO 13b COUNTY	13c. CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS? YES MO [13e SIREEL ADDRESS 6118 Eastern	Pkwy	21206
0	IA FATHER'S NAME	WIDDIE	Essinger		15. MOTHER'S MAIDEN NA FIRST	Unknown	LAS	iT .
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b SOCIAL SECU 087-10-		Bert H Ess	inger ADDRESS Sar	me As l	3e
	PART I. DEATH W	I (Enter only one couse p AS CAUSED BY: IMMEDIATE CAUSE (o)_	er line for (a), (b), on	id (c).)	Carries	anny	BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which (b) nediate g the DUE TO.	DR AS A CONSEOU	4	Thiroschestie	Hear Disease	yem.	
7	PART 2 OTHER SIGN	alsheim	- Dine	n !	Remarked to the Jern Remarked N WAS PERFORMED	IN CER	EVEN IN PART 11 YES WERE FINDING CAUSES YES THE	S USED
7	71a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 1:	8, PART 1 OR PART 2)	
	71d. INJURY OCCURR	TAT HOME	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	71f LOCATION STREET	CITY OR TOWN	COUNTY	STATE

27a.1 certify that (1) (the hospital) attended the decased from

226. SIGNATURE

sow the deceased alive an above, (1) (was) (did not) view the body after death

DEGREE mo

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

226. PHYSICIAN'S NAME (TYPE OR PRINT)

Albert B. Bradley, M.D.

22e ADDRESS 4900 Bel Air Rd.

Baltimore, Md 236 LOCATION

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 24 FUNERAL DIRECTOR

10/13/84

23b DATE

23¢ NAME OF CEMETERY OR CREMATORY Westview

Baltimore, Maryland

and that in (my) (a) opinion death accurred on the date and hour and from the causes stated

STATE

Leonard J. Ruck, Inc. Baltimore, Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

should be detached far use as the burial-transit with the State Dept. af Health and Mental Hygie

MPORTANT:

referred and TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detoched for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

page 3

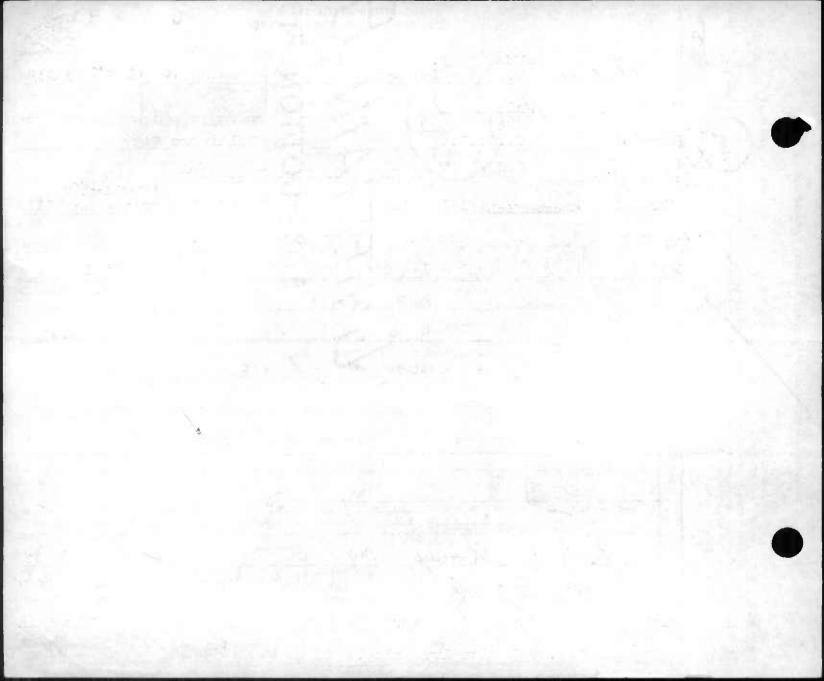
STATE OF MARYLA
DED ADTMENT OF BEALTH AND A

ND MENTAL HYGIENE

	ECEASED DAME FIRST	Nellie H.	AST Ewing	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SE	- Mule	H. COM	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	12 87 3:00/
		White	MONTH DAY YEAR		MONTHS DATS HOURS MIN
/	emale BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	Y? 8	- 9 BALTIMORE CITY OR COUNT	Y OF DEATH
ď	rginia	USA	MARRIED NEVER MARRIED WIDOWED X DIVORCED	<u> </u>	
)0 C	altimore		SING HOME OR OTHER INSTITUTION BET ADDRESS)	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS C
Vi	rginia Ches	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO terfield Midlot	thian YES NO 138	14024 Winterf	lothian, NAC
X	ATHER'S NAME FIRST	C. Hartma	an Florence	MIDDLE	Becks
160 \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS -	No.
No		218-01	L-4938Allen W.	Ewing, Jr. San	ne as 13e
	Conditions, if any, which	DUE TO, OR AS A CONSEC	leart attack	200	1 week
ATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	oconory astery d		ES, WERE FINDINGS USED
權	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	O DEATH OUT NOT RELATED TO THE	20a AUTÓPSÝ? 20b IF ÝE YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESNO
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Duda-Ruck F.H.7922 Wise Ave Balto., Md

21222



within 24 hours after death.

executed

requires that the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN: The low

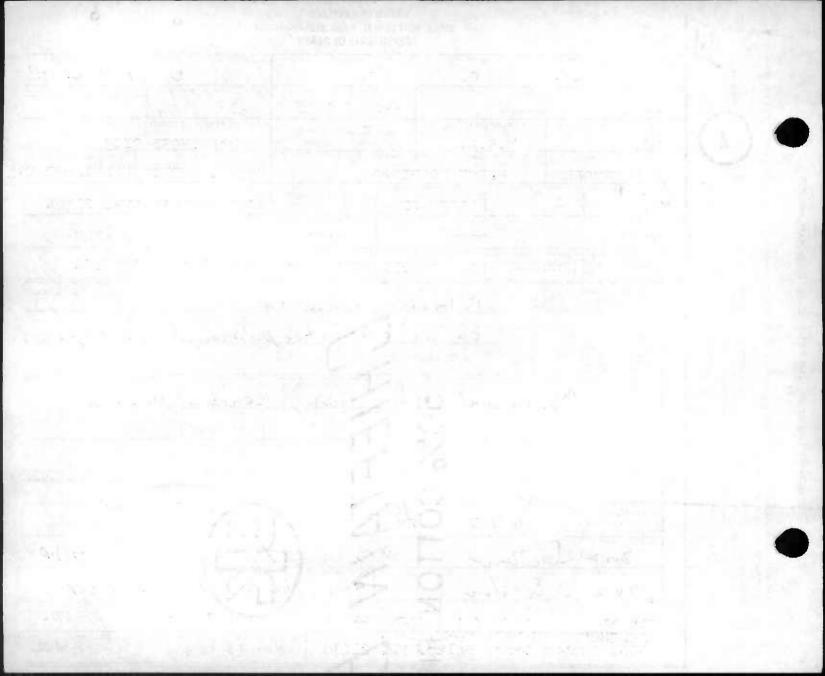
STATE OF MARYLAND

Y	1.6	REGISTRAR				CERTI	FICATE OF DEATH	REC	3.NO.		
		CEASED NAME OR PRINTS	EARL		G.		FICK	3s. DATE OF DEAT	10/	17/84	15 HOU
35	3. SEX	MALE		4 RACE			OF BIRTH	4 AGE (PUTPARS)	ST BARTHDAYS	W LONGER I YE	
)		RTHPLACE (STATE	OR FOREIGN	7b. CITIZEN OF	5.A.	WIDOW		9. BALTIMORE CIT	Y <u>or</u> coun		
37		TY OR TOWN OF BALTII	MORE	(IF NOT IN SL MI	ERCY I	VE STREET ADDRESS) HOSPITA		120 USUAL OCCU (TYPE OF WORK FOR MI CONST.	OST OF WORKING	I 126. KINI INDUST BAL	OF BUSINE
5	13a S M	ID.	13b COU		13c CITY C	CE BEFORE ADMISSION OR TOWN IMORE	YES NO	13e STREET ADDRE	SS EMMELI	AVE.	2120
00	14. FA	JOHN		MIDDLE	FICK	AST	15. MOTHER'S MAIDEN NA EDITH	MIDD		STR	ÉÈT
		VAS DECEASED E VES. NO OR UNKNOWN YES		MED FORCES? WE WAR OR DATES! WITT		03-5251	AILEEN FIC		SAME	E ADDR	ESS
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	ICATION	Conditions, if gove rise to couse (a), s underlying co	IMMEDIA ony, which immediate toting the ouse lost. GIGNIFICANT	DUE TO, ((b) DUE TO, ((c) CONDITIONS	OR AS A COM OR AS A COM CONTRIBUTION CONTRIBUTION	NSEQUENCE OF		pulmence	CONDITION CO	GIVEN IN PART	DINGS USED
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DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

3331 Brehms Lane, Barto. Md. 21213



15/1	- 5	DR FATE EGISTRAR	MED	EPARTMENT OF I	ER'S C	ARYLAND AND MENTAL H ERTIFICATE O	EDEATH	8. 8 3. NO.	7
BY, PEASE DIRECTOR DOUR FIES ON STREET	SEX F	emale White	ATE OF BIRTH	ANNE 6 AGE (IN YEAR 1927 57 YEAR	FIC ARS IF UN	DER 1 YR. IF UNDER	PRONOUNCED DEAD	10-	20 89 24 HOU
PACE STORE CITY OF THE	FORE	Ohio Onto Onto Ontown of Death Baltimore	NAME OF HOSPI IF NOT IN SUCH FACIL LEY Medi	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) Cal Center	widow or othi	er institution en Unit)	Baltimo 12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE Secretary	re City	17% KIND OF BUSINESS OR INDUSTRY Construction
EATH, P ANY 365 1, 2, AND 365 1, 2, AND 4 PM 3 RETA 7 PM 2 SHOUL 5 VAN PM 2 SHOUL 5 VAN PM 2 SHOUL	Wes	RESIDENCE (IF IN MURSING MORE OR OTHER STE VIRGINIA ONE HER'S NAME HOWARD AS DECEASED EVER IN U.S. ARMED R	Lo	Applegar	rth	13d INSIDE (ITY LIMITS? YES NO [] 15. MOTHER'S MAIDEI BETTIC	MIDDLE MIDDLE		York St. Mount Donegal Spr.
JTED WITHIN 24 HOURS AFIN PENCIL IN TEM 18. GIVE EXAMINER ALONG WITH FEATH PAGENEY ARENT ARENT AND MENTAL HYGIENE, DIVISION, OR REMOVAL.		18 CAUSE OF DEATH (Enter anly one PART I DEATH WAS CAUSED BY: IMMEDIATE CA Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	USE (a) Tra		ther	Connie Gir		ount Joy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E SHOULD BE EXECT VORD "PENDING" PENDING" E CHIEF MEDICAL BE USED AS A BURN OF THE MEDICAL BURN OF THE MEDICAL CREMATIC	TIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI 190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS		on for which oper	ATION W	AS PERFORMED?	T 1 0 1 1 1 1 1 1 1 1	EAL LD BART I OB OA	2D AUTOPSY? YES X NO
WRITING THE V WREED TO THI WASHES SHOULD PACED SHOULD		UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH THE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. 2:15RM 21e PLACE OF STREET, FACTO	10-29 T-84	pil	ot of an a	irplane cras	h	
TO MEDICAL EXAMILES EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIFFORM AFTER DEATH, MINIMAL STATE ST		27a I certify that I took charge of to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT) Marga	uses [],	[13]	icide		Undetermined monner MEDICAL EXAMINER Penn Street		10-30-84
TO ME EXECUTE PAGE:	3a.BU	PIAL CREMATION REMOVAL 1236 D		23c. NAME OF CEA	METERY O	ADDRESS	23d LOCATION Catonville		timore, Mã.

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

24 FUNERAL DIRECTOR Marzullo Funeral Services

Reisterstown, Md.

OCT 3 1 1984 : his Davidson-handers

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December 12-10-70 Heaveter Process, Inc. Control Ville, will note, ad-

anding physician and campletely filled in by the funeral director page 3 corbonpapers. Pages 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHY GIENE

1	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	10.		
	CEASED NAME FIRST	٨	AIDDLE FL	NC	AST H C	R Jr.	20. DATE OF DEATH	MONTH 8	YEAR YEAR	26 HOUR 422mm
3. SE	x M ale	RACE B	lack	S. DATE C	1 9	4 2	6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN 7 COUNTRY) Laryland	U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER	MARRIED XX	Baltimore city	OR COUNTY		ITY, MD.
10 C	a il.	(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET AD ENT HOST	DRESS)		STITUTION	12a USUAL OCCUPAT			F BUSINESS OR
130. S	AL RESIDENCE (IF NURSING HOME OR OF CATALE) aryland		GIVE RESIDENCE BEFORE AS 13c. CITY OR TOWN Baltimo		YES X	NO 🗌	13e STREET ADDRESS 706 Edge		Stree	t 21229
14 17		IDDLE	Fincher.	Sr.		r's maiden nam lith	WIDDLE		Hick	
16a V	WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE NO	NED FORCES?	217-38-2		17 INFORM		incher 84		Fairm	ount Av
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUEN	CE OF	OF	THE	SCARCIA LUNG NAL DISEASE OR COM			
CERTIFICATION	19a. DATE OF OPERATION	196. CONDI	TION FOR WHICH O	PERATIO	N WAS PERF	ORMED	20a AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT OF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.A 21e. PLACE C	M. MONTH DAY M. DE INJURY	19	21f. LOCAT	ION	ED (ENTER NATURE OF INJ		ART I OR PART 2)	STATE
W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospite sow the deceased alive an above, (1) (we) (did) (did met)	attended the	19 10 50	1 , on	od that in (m)	. 19.84	to OCT /	7	19.8 In and from the c	that (I) (we) last causes stated
	22d PHYS	e pe	me	M	22e ADD	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	19-84
	C.C.RISE	TE	ME		1	DOM	NRIT	HOS	PITI	41

BP.

etained by the haspital ar attending physician

TO HOSPITAL OR ATTENDING

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbanpapers, with the State Dept. of Health and Mental Hygene prior to burial, crematian, ar removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

230 BURIAL, CREMATION, REMOVAL BURIAL

FOR

10/24/84

231. NAME OF CEMETERY OR CREMATORY COATION Cedar Hill Cemetery Annew Arundel Co,

Md.

24 FUNERAL DIRECTOR 0CT 2 2 1984 Julia Daydson-Andree Wm C March F/H Inc. 1101 E North Avenue

55/8/4/4/6 Tartaut Farmann pour House 一种是一种种种的

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directional be deteched for use as the burial-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

_		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHY GIENE

6

8

/	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
	ECEASED NAME FIRST	MIDDLE	لمعا	AST COMPANY FOR A	20. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
	PE OR PRINT) Illary	Ann		XXXX Fischer	(0	0 26 8	I YEAR OF UNDER 24 H
3. SE	Female	4. RACE White	5. DATE C	1XU)	6. AGE IN YEARS LAST BIR		DAYS HOURS M
7a. B	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	_	TH
5	Maryland	U.S.A.	WIDOWE	D DNORCED	Baltimore	¿ (ity	
7 10.0	Baltimore	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST			120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF	OF WORKING LIFE) INDU	aundry.
130	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUI		OWN	YES KIK NO	130 STREET ADDRESS 518 South	Highland ;	Ave. 2122
14. F	ATHER'S NAME Nichael	MIDDLE Fischer	,	15. MOTHER'S MAIDEN NAM	WE	Dorb	
160.	WAS DECEASED EVER IN U.S. AR	1,05000	-	17 INFORMANT	ADDR		000
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 213-05	-1415	Philip M. Fi	scher 2255		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b)			1 1 1 1 1 1 1 1 1	BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEA
		TE CAUSE (o)	epsis				4 any
		DUE TO, OR AS A CONSE	OUENCE OF				•
	Conditions, if ony, which	(b)					
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	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF				
	underlying cause lost.	(c)					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1ro
O							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
7 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR			
7	OR CONTRIBUTING CAUSE OF DE						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
NE NE		(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITY OF TO	OWN COUN	NTY STATE
	AT WORK NOT WHILE AT WORK						
	22a.l certify that (1) (this hosp	ital) attended the deceased fro		ct 17 19 84		26 19 5	that (I) (we)
	saw the deceased alive or	ot) view the body after death.	9 84 .01	nd that in (my) (our) opinion o	death occurred on the d	ate and hour and fro	om the causes stated
	22b. SIG - 1 1111	ny view alle Body differ deom.		DEGREE		226	DATE SIGNED
	(DOM	For		ATTENDING _	MEDICAL _ STA		da 184
	JANA!	11.0		PHYSICIAN L	DIRECTOR PHYSIC	CIAN	726101
	224 PHYSICIAN INAME (TYPE	OR PRINTS		220 ADDRESS	. 1		
	Donald	M. Lac		1 lercy	1057°		
23n	BURIAL, CREMATION, REMOVAL	23b. DATE	23r NAME OF C	EMETERY OR CREMATORY	123d. LOCATION		
1.50	(SPECIFY) Burial	10-30-84			D CITY OF TOWN	COUNTY	STATE
-		70-00-07	Hody K	Redeemer (em.	Daltimon	e ly	Md.
24. F	FUNERAL DIRECTOR	ADDRE	SS	25a. DAT	E REC'D. BY REGISTRAR	THE TRAPS SI	GNATHANDER
16	harles S. Zeile	2 & Son Inc. 90	11 S.Cor	okling St. 0	U 2 9 1984	Julia David	101.
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DHMH - 16 50M 4/82 (VRA 15, 4)

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20M 4782

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
APDICAL EVALUNEDIC CERTIFICATE	OFDEAT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3.563		I4 RACE	IS. DATE OF BIRTH	C.	FITZHUGH	UNDER 24 HR	DEATH MA	MONT	
-	ale	White	8 23	1928 55 YRS	MONTHS DAYS H	OURS MIN	PRONOUNCE DEAD		12 198
7a B1	RTHPLACE (STATE OR	76. CITIZEN OF WH		MARRIED NEVER	A APPIED X	9. BALTIMOR		JNTY OF DEATH
V:	rginia	A	U. S	3. A.	=	DIVORCED [Baltin	more Cit	
10 CI	TY OR TOWN	OF DEATH		PITAL, NURSING HOME, (OR OTHER INSTITUTIO		SUAL OCCUPAT PROST OF WORKING INISTER		Episc
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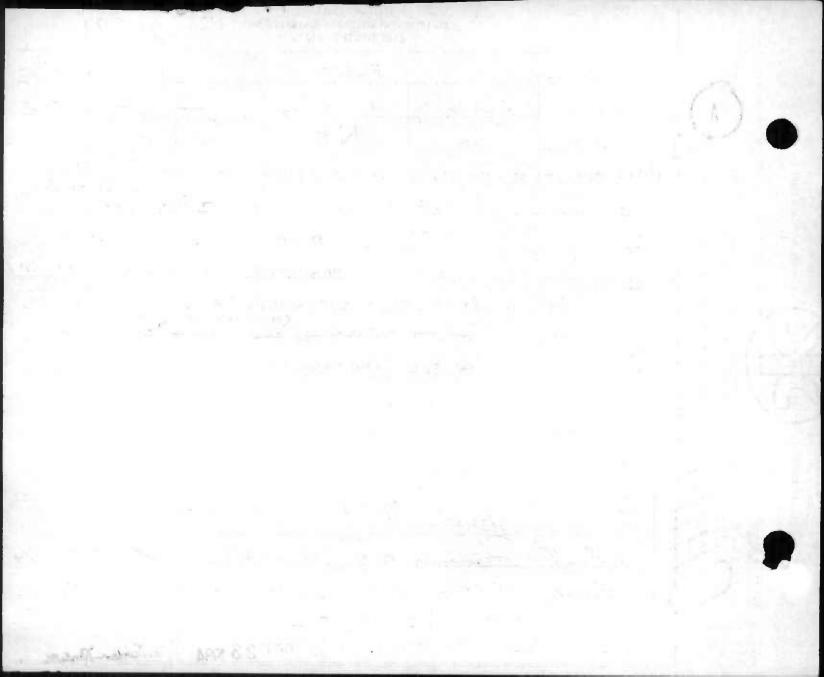
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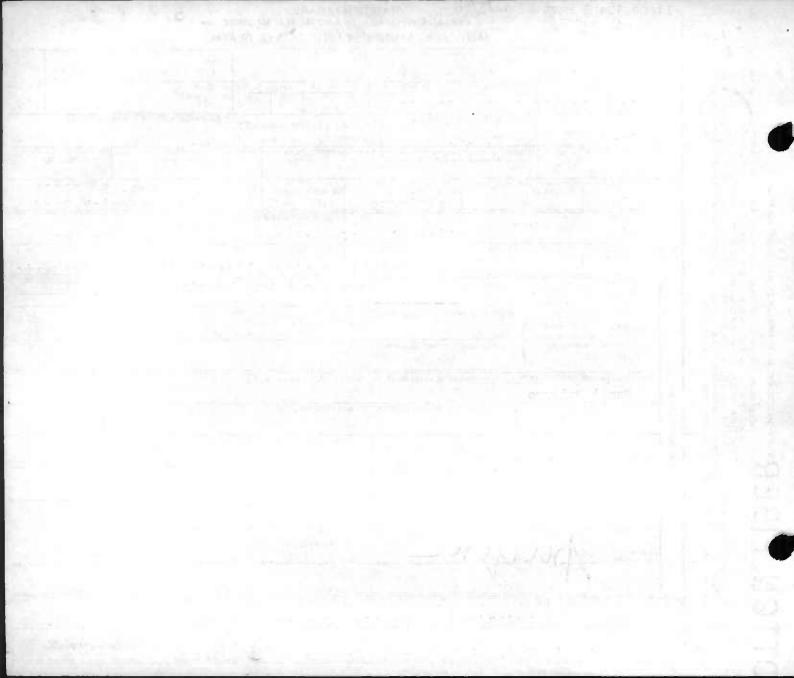
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The cause of Death lenter only one couse per line for (a), (b), and (c)	80	FIRST					FIRST			FLE
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (e) RESPIRATORY AND CHARPIAL THURS.	2 160	(YES, NO OR UNKNO		WAR OR DATES)		O. 17. INFORMA	NT			# 13
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	TO MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the transfer direct page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with a fabour and the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

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		Matilo	la	c. /	ELYA	n	/	0-14	1-84	5 45 M
ı	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		W UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
1		Female	Whi	te	Octo	ber 22,1895	88	YRS	J. J	Mark Mark
١	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
		Maryland	United	States	WIDOWE		Baltimo	Re	City .	MD
		TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATI	ION	126 KIND OF	F BUSINESS OR
3	To	owson	STOIL	A MAR.	. /	lespice	Waitress	F WORKING LIFE	Restau	mant.
1	USUA	L RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE	ADMISSION)	1			Tana da	11 011 0
5	13a. S	ryland 135 COU	NIY	Baltimor		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 245 S.		120 / 2	1224
-		THER'S NAME		DGT 01 WOI		15. MOTHER'S MAIDEN NAM		mast A	1VE./ C.	1664
9		Sebastian	MIDDLE	Reinsfeld	0.77	FIRST	MIDDLE	T	LAST	2
4	16a W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI		Mary 17. INFORMANT	ADDRE		linterl:	ing
ı		ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)				1 2006 7		(000	-1.0
		NO -	m	216-09-1		Mary Lambert	/ 3226 Fos	ter Av	re. (2122	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY:	line for (o), (b), and	d (ch.)	1. 1 .	F 1.		BETWEENO	MATE INTERVAL
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1			DUE TO, O	R AS A CONSEQUE	NCE OF					
1		Conditions, if ony, which gave rise to immediate	(b)							
1		couse (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF					
1			((c)							
1	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 110	i
4	CERTIFICATION	19a DATE OF OPERATION	IN COUR	TION FOR MUCH	00504710	N WAS PERFORMED	20a AUTOPSY?	Tabl IE VEC	, WERE FINDIN	ICC LICED
Ì	S.	IN DATE OF OPERATION	198 COND	HON FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
4	RTI	71a. ACCIDENT WAS UNDERLYING	7 116 TIME O	E IN II IDV		21- HOW IN HURY OCCUPE	YES NO			NO 🗌
9		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	AY IN ITEM IS PA	RT (OR PART 2)	
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		AT WORK AT WORK			/10		76111		01/	
		22a Leertify that (I) (this hasp saw the deceased alive or	13/ -			10 1980	10 10 14			that (1) (we) last
		obove, (I) (we) (did) (did no				nd that in (my) (our) opinion o	seath occurred on the de	ate and hour	and from the c	louses stoted
		22b. SIGNATURE			7	DEGREE ATTENDING	MEDICAL STAI	FF	22c. DATE S	SIGNED
_						PHYSICIAN _	DIRECTOR PHYSIC	IAN 🗌	1011	4/07
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	11.11	ni	Tows	1 / / / /
		Eddie IVA	Khud	a		0300 Dulan	ey Valley	Ko.	2/20	, 4
	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	Oct.17	,1904 Ua.	KLawn	Cemetery			more Co	
	24 FU	INERAL DIRECTOR	700	ADDRESS _			REC'D. BY REGISTRAR	756 REGISTR		
	Tr.	lliy & Zeiler]	lnc. 700	S. Conkl	ing S	st./21224 OCT	1 6 1984	2 Lav	rdson-gar	ndalles
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that

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MPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other troumotic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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1 -	STATE				ALTH AND MENTAL	PHYGIE	NE				
	REGISTRAR						REG. N				
1. DE	CEASED NAME FIRST	MIDE	. /	LAS	T		20 DATE OF DEATH	HTMOM	DAY YEAR	2b, HOUR	
4	DEATSCH S	TEUA	D	1-0	ERTSCH		10-9-	84		6:201	3
3. SE	X	4. RACE	5	DATE OF			AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEA		
,	FEMALE	Coluc	isian	HINOM	O7 /		73	YRS	MONTHS DAYS	HOURS MIP	t.
7a BI	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WH	IAT COUNTRY?	0/	_	- A	BALTIMORE CITY C				_
	ountry) Md	4.5		MARRIED WIDOWED			Bostine	Sne	CuTy.		MD.
INC.	TY OR TOWN OF DEATH		SPITAL, NURSING ACILITY, GIVE STREET ADD		OTHER INSTITUTION		TO USUAL OCCUPAT			OF BUSINESS C)R
0	assimone.	BON 3	ECOURS	HO5,	OITAL		KEEITEN		~		_
	AL RESIDENCE (IF NURSING HOME OF		CITY OR TOWN		3d, INSIDE CITY LIMI	TS?	34 STREET ADDRESS	ZIP CO	DE		
	Md.		Balto		YES NO			men	IROE -	50.310	22
14. FA	ATHER'S NAME	MIDDLE	AST an	1	5 MOTHER'S MAIDE	MAMI	WIDDIE			AST	
	GEORGE	MI	NNICI	K	DA	m	AE		UNK	0	
			b. SOCIAL SECURIT	TY NO. 1	7 INFORMANT		ADDR	SS		2121	9
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	00-39-1	03.5	JOHN H.F.	DER	TSCH JR.	8607	NORTO	Y PT. R	D
	18 CAUSE OF DEATH (Enter of	naly one cause per lin	efor (a) (b) and (ci i	1		4	0	APPRO	XWATE INTERVAL	-
	PART I. DEATH WAS CAUS	SED BY:	mass w	//	R- bravos	culor	V HECT	dens		- Order And Devi	
	IMMEDIA	ATE CAUSE (o)		1			x /	0.4			-
	C 100 17 111	DUE TO, OR A	SACONSEQUEN	CECF	mell:	tus	& artun	Weth	20-1		
	Conditions, if ony, which gave rise to immediate	(b)	13107		110	1	10	Sea	4		
	couse (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUEN	CE OF	Librille	Stu	in and Ar	vath.	made		
		(c)	NNC					. ,	44 84 44		=
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	rel	AL DISEASE OR CON	DITION G	IVEN IN PART	lta	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	OWEDS WHICH OF	PERATION	WAS PERFORMED		200 AUTOPSY?		ES, WERE FINE		
Ī							YES NO		YES	NO [
CER	210. ACCIDENT WAS UNDERLYING	LIMITED A AL			21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INSI	RY IN ITEM 1	B PART I OR PART 2		_
	OR CONTRIBUTING CAUSE OF D		MONTH DAY	19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY		211 LOCATION						_
A.	WHILE NOT WHILE	(AT HOME, STREET	, FACTORY, OFFICE, FARA	M, ETC }	STREET		CITY OR TO	WN /	COUNTY	STATE	
70	AT WORK AT WORK	ala di sance la Later.	In control of the control	10	4 10	8×	. /	119	1084	, that (I) (we) le	
	22a. I certify that (I) (this has saw the deceased alive a	4 4	10 & C	1 000	that in (my) (our) or	ninon de	oth occurred on the d	ote and h			151
	above, (1) (we) (did) (did n	at) view the body aft	ter death.	1						IE SIGNED	
-	226. SIGNATURE	1-1	422	DE	EGREE ATTENDI	ING	MEDICAL STA	FF		1- 15-1	
	W	70	111		PHYSICI		DIRECTOR PHYSI		1	1710/	*
	22d. PHYSICIAN'S NAME (TYPE	1 1 1	77		22e ADDRESS	11	- O.T	ZK.	Pd 19	ALT. DE	
	NONDWOS	וכיא אים ו	1		5411	019	LAERO	n		2122	9
	BURIAL, GRENDATION PEMOVA	AL 236. DATE	23c NA	ME OF CE	METERY OR CREMAT	ORY	23d LOCATION		COUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

CEM

250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNATURE OCT 1 0 1984 June Davidson Hander.

BURIAL 10-11-84 STSTANISLAUS CONTROL ADDRESS 21231 GEORGE A. WEBER I SONG INC. 7055. ANN 5T.

The Control of the Co CECREE MINNICK FOR MARK LANGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RELEASED NON MED DR M. KORELL

and campletely filled in by the funeral director, page 3 ages 1, and 2 shauld be filed within 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

etained by the hospital ar attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

must be notified of once.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ADHYGIENE CERTIFICATE OF DEATH

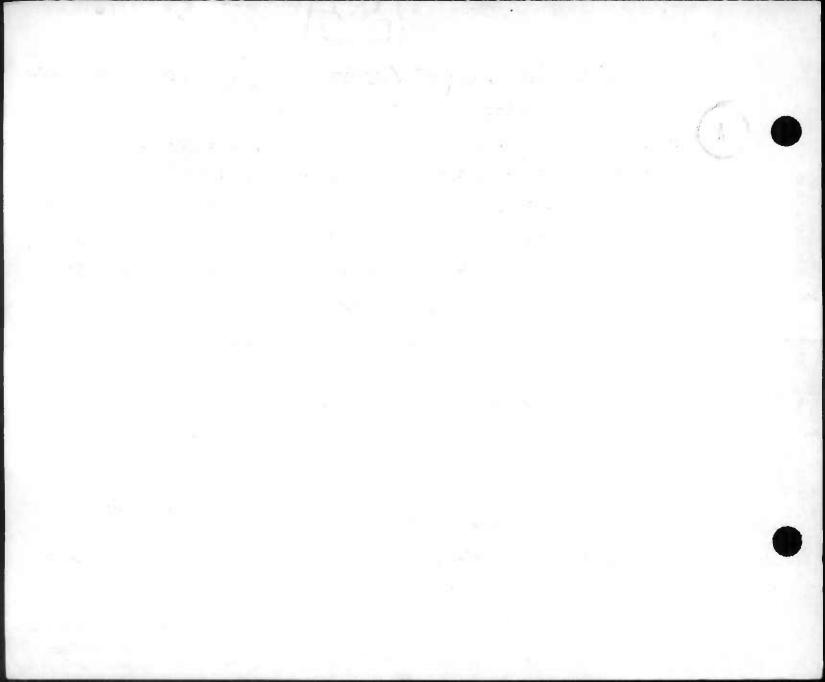
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		MIDDLE	LAST	2a. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR
	ECEASED NAME FIRST PE OR PRINT) DODED			Za. DATE OF DEATH		TUMA	
(1.0)	ROBER	т.	FOSTER	OCTOBER	5,1984		12:06
3. SE	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS ANN.
	Male	Black	MONTH DAY YEAR	7.5	YRS.	15 DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	B	9 BALTIMORE CITY O		DEATH	
S	S. Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED MORCED	BALTIMOR:	E CITY		N
))		(IF NOT IN SUCH FACILITY, GIVE STREET		12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		NE KIND O	F BUSINESS O
	ALTIMORE JAL RESIDENCE (IF NURSING HOME OR		HOPKINS HOSPITAL				
13a S	STATE 13b COUN		VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 938 Durh		eet	2120
1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA			EA5	ī
160.3	Thomas WAS DECEASED EVER IN U.S. AR/	Foster MED FORCES? 166 SOCIAL SECI	URITY NO. 17 INFORMANT	ADDRE	SS		
		E WAR OR DATES)				Aven	ue
		ly one cause per line for to), (b), or		D TOZI MAZ	1		MATE INTERVAL DISET AND DEAT
	Conditions, if any, which gove rise to immediate cause (a), staling the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	6I hleed				
FICATION	gove rise to immediate cause (a), stating the underlying couse lost	(b) AMU DUE TO, OR AS A CONSEQUE (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	6I hleed	20a AUTOPSY?	20b. IF YES, WE	RE FINDING CAUSES	NGS USED OF DEATH?
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF CALCINON - JEATH BUT NOT RELATED TO THE TERY H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED
CAL CERTIFICATION	gove rise to immediate cause (a), staling the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH THE OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), staling the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH THE OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERY H OPERATION WAS PERFORMED DAY YEAR 19 216 LOCATION	200 AUTOPSY?	20h. IF YES, WE IN CERTIFYING YES THE RY IN ITEM 18 PART 1	RE FINDING CAUSES	NGS USED OF DEATH?
	gove rise to immediate cause (a), staling the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF	(b) DUE TO, OR AS A CONSEQUE (c) 19b. CONDITION FOR WHICH 19b. CON	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUP STREET A 19 Ond that in (my) (our) opinion	200 AUTOPSY? YES NO PORTION NO PO	20h IF YES, WE IN CERTIFY INC YES THE TEM 18 PART 1:	CAUSES OR PART 7) COUNTY	NGS USED OF DEATH? NO STATE
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	gove rise to immediate cause (a), staling the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER AT WORK NOTHING CAUSE OF COUNTY O	DUE TO, OR AS A CONSEQUE (c) 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 100) oftended the deceased from 19c. 1) view the body ofter death Which is the street of the street o	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUP PARM ETC) 21f. LOCATION SIREET 19 ond that in (my) (our) opinion DEGREE ATTENDING PATSICIAN 22c. ADDRESS	YES NO PORTOR NATURE OF PAUL	20h. IF YES, WE IN CERTIFY INC YES THE TEM IS PART IN THE MISS PART IN THE	RE FINDING CAUSES OR PART 7) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) I causes stated

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		STATE REGISTRAR CEASED NAME FIRST		WIDDLE		CATE OF DEATH	REG. NO.	ONTH DAY	YEAR	2b. HOUR
3	TYPE	Stavi	ey V	INCENT	Fos	ster	1	06	84	11:45 PM
The l	. SEX	_	RACE		5. DATE OF	F BIRTH 1919	6. AGE (IN YEARS LAST BIRTHO	MON	HS DAYS	IF UNDER 24 HRS HOURS MIN.
	1	ATHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY?	9	19 1919	6.5 9. BALTIMORE CITY OR 6	YRS COUNTY OF	DEATH	
REALA	C	ountry ryland	U.S.A		MARRIED	NEVER MARRIED DIVORCED	Baltimore			MD
11	100	TY OR TOWN OF DEATH 1 timore	(IF NOT IN SUC	CH FACILITY, GIVE STREET	IG HOME OF	Med.Center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Engineer		25 KIND C INDUSTRY Cons	of BUSINESS OR
F7 L	l3e S	RESIDENCE IF NURSING HOME TATE TATE TYLAND TYLAND		GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / Z 717 Wise A	IP CODE Avenue		21222
July 9	Ad Ad	THER'S NAME OLF	MIDDLE E .	Foster		15. MOTHER'S MAIDEN NA Elizabet		No	owaci	Κi
0 P	60 W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	1	17. INFORMANT	ADDRESS			10-
emaval.	No	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		215-05	-3534	Susan C.	stevens	Same	e as	13e
raumo,		Conditions, if any, which	(b)_	R AS A CONSEOU	ENCE OF					
s any injury, ar other traumation, or r	ICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CHOON C 19a DATE OF OPERATION	(b)_ DUE TO, O (c)_ CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT N	NOT RELATED TO THE TERM REJ PS SERVED WAS PERFORMED	20g AUTOPSY?	TION GIVEN 20b. IF YES, WIN CERTIFY IN	ERE FINDIR	NGS USED
Hygiene prior to bur 18 shaws any injury,	1 CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CHOONIC	(b) DUE 10, O CONDITIONS CO 196 COND 216 TIME CO	ONTRIBUTING TO DELLA CONTRIBUTION FOR WHICH	DEATH BUT N C MI OPERATION	NES PISCASE N VAS PERFORMED	20g AUTOPSY?	205. IF YES, WIN CERTIFYIN	ERE FINDIF G CAUSES	NGS USED
A Mental Hygiene prior to but or Item 18 spares any injury.	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED	(b) DUE TO, O CONDITIONS CO 196 COND 196 COND 216 TIME CO HOUR A. (R) 216 PLACE	ONTRIBUTING TO DELLA CONTRIBUTION FOR WHICH	DEATH BUT N OPERATION AY YEAR 19	NES PISCASE N VAS PERFORMED	200 AUTOPSY? YES NO TO	206. IF YES, WIN CERTIFY IN YES [ERE FINDIF G CAUSES	NGS USED OF DEATH?
af Heolth and Mental Hygiene prior to bui		gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 21d, IN JURY OCCURRED	CONDITIONS	ONTRIBUTING TO I	DEATH BUT IN OPERATION AY YEAR 19 ARM, EIC)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOTE NATURE OF INJURY I	20b. IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART	ERE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STAIR that (I) (we) last
bept of Health and Mental Hygiene prior to bur		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21 WORK NOT WHILE ALWORK NOT WHILE ALWORK 12 WORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WORK 12 WORK NOT WORK	CONDITIONS	ONTRIBUTING TO I	DEATH BUT N OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTE NOTE CITY OF TOWN CITY OF TOWN death accurred an the date	20b. IF YES, WIN CERTIFYIN YES [IN TIEM 18 PART	ERE FINDING CAUSES ORPART 2) COUNTY	NGS USED S OF DEATH? NO STAILE that (I) (we) last couses stated
with the State Dept of Health and Mental Hygiene prior to burning the State Dept of Health and Mental Hygiene prior to burning the State Dept of Health and Mental Hygiene prior to burning the State Dept of Health State Sta	MEDICAL	GOVE FISH to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTENBUTING CAUSE OF D (# EITHER NOTHY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 22a I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did in 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE CAUSE)	CONDITIONS CO CONDITIONS CO 19b COND 19b COND 21b TIME CO HOUR A. ER) 21c PLACE (AT HOME. ST noitel) oftended the noitely oftend	ONTRIBUTING TO I	OPERATION AY YEAR 19 ARM, EIC)	216. HOW INJURY OCCUR 216 LOCATION STREET d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTE NATURE OF INJURY I CITY OR TOWN CITY OR TOWN ACCOUNTED ON the date MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WIN CERTIFYIN YES [IN TIEM 18 PART	COUNTY	NGS USED S OF DEATH? NO STAILE that (I) (we) last couses stated
with the State Dept of Health and Mental Hygiene prior to burn MPORTANT: If Item 21 is marked or Item 18 states ony injury,	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21 WORK NOT WHILE ALWORK NOT WHILE ALWORK 12 WORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WHILE ALWORK 12 WORK 12 WORK NOT WHILE ALWORK 12 WORK NOT WORK 12 WORK NOT WORK	CONDITIONS	ONTRIBUTING TO I	OPERATION AY YEAR 19 ARM, EIC)	211. LOCATION SIREET 214 LOCATION STREET 215 ATTENDING PHYSICIAN 226 ADDRESS EMETERY OF CREMATORY	200 AUTOPSY? YES NOTE NOTE CITY OF TOWN CITY OF TOWN death accurred an the date	PART OF THE PART O	COUNTY COUNTY	NGS USED S OF DEATH? NO STAILE that (I) (we) last couses stated



requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the haspital ar attending physician.

4 may be

within 24 haurs after

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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' -	STATE REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	
(TYPE	CEASED NAME FIRST OR PRINT! STTTE NETTIE	FOWLER	LAS1	20 DATE OF DEATH MONTH D.	-84 8:00 AM
3 SEX	Female	Negro	5. DATE OF BIRTH	EAR MIT /	FUNDER TYEAR # UNDER 24 HRS. ON LHS DAYS HOURS MIN.
Sc	RTHPLACE (STATE OR FOREIGN COUNTRY) THE CATOLINA TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	MARRIED NEVER MARRI WIDOWED D DIVORC JRSING HOME OR OTHER INSTITUTI	BALTIMORE CITY ON 120 USUAL OCCUPATION	MD 12b. KIND OF BUSINESS OR
	ALTIMORE	UNION MEMORIA	AL HOSPITAL	Food Handler	INDUSTRY
130 S Ma	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c. CITY OR	imore 134 INSIDE CITY LIV	11 W. 2045T.	21218
14. FA	THER'S NAME FIRST	MIDDLE LAS	15. MOTHER'S MAII Magele	ne	LAS1
16a V	VAS DECEASED EVER IN U.S. AI EEY HE OR UNKNOWN) (IF YES, G	rmed forces? 166. SOCIAL (166.	SECURITY NO. 17 INFORMANT -9851 Carolyn I	Palmer - 10908 Hunt C	
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b ED BY (TE CAUSE (a)	. \	my annet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONS	eovence of heart	Failure	5 years
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONS		· lung discore	20 years
NOI	PART 2 OTHER SIGNIFICANT	atrial Fil	oni llation h:	HE TERMINATOISEASE OR CONDITION GIVE	. intarction
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI I ORPARI ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OF	EFICE FARM ETC) 21f LOCATION STREET	city OR TOWN	COUNTY STATE
	22e I certify that (I) (this hasp	oital) attended the deceased for		ppinion death accurred on the date and hour	9 that (It (we) lost and from the causes stated
	TR SIGNAPHER JOHN	L Ello	PHYSI	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	10/17/84-
ıl I	MOTIES F	Sheeha	MD UNION	MEMORIAL HOSPITAL	1

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the furshauld be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL SPECEY) BURIAL

23b. DATE

ing Memorial Park

231 NAME OF CEMETERY OR CREMATORY

Randallstown, Maryland

STATE

MORTON & SONS 1701-31 Laurens St. Balto JUT 1 BY REGISTRAR 256, REGISTRAR'S SIGNATURE

9 1984 Julia Davidon Rondare



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_	ATTALOR ATTENDING PHTYSICIAN, The low-requires that the death certificate be executed within 24 hours after death. Page 4 that py the houseful or oftending physician.	RAL DIRECTOR. After this centricate has been ligned by the attending physician and completely tilled in by the funeral director detached for use or the buriof-transit permit. Then please remove carbandagen. Page. I and 2 shauld be filled within 72 hours at time Dept. of fealth on Mental Hippiene prior to buriof, cremation, or remayol.
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	stal OR ATTENDING PHYSICIAN, The	RAL DIRECTOR. After the certificate has been ligned by the attending physician and completely filled in by the funeral director, plantached for use or the bursof-transit permit. Then please remove carbonapapen. Pager, I and 2 shauld be filled within 72 bours after the Dept. of Health and Mental Hygiene prior to bursof, cremation, or remayal.

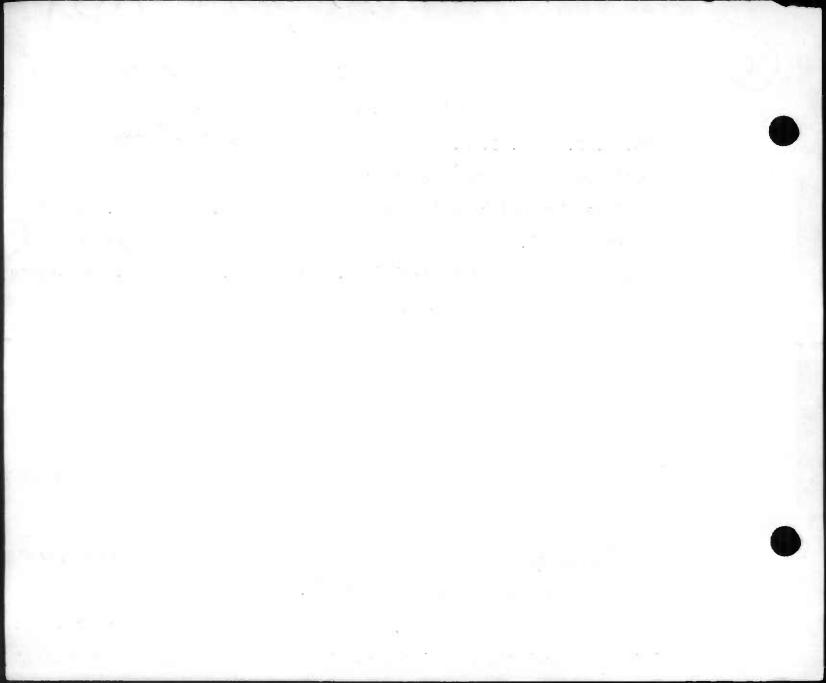
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT HYGIENE
CERTIFICATE OF DEATH

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENT HYGIE	NE.
CERTIFICATE OF DEATH	

1 - STATE REGISTRAR	DEPARIN	CERTIFICATE OF DEATH	REG. NO	0.	
1. DECEASED NAME FRST (TYPE OR PRINT) STR ADEL)	MIDDLE	FRANCIS		10/2/1984	26 HOUR 5:10pm
1. SEX female	white	5. DATE OF BIRTH MONTH 13/19 YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS BAYS	H UNDER 24 HRS HOURS MIN.
Wash. D. C.	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	Baltimo	3	MD.
Baltimofe	(IF NOT IN SUCH FACILITY, GIVE STREET Agnes Hos	pital	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Religiou	F WORKING LIFE) INDUSTRY	BUSINESS OR
Maryland Fr	ederick Emmits	burg yes \ NO \	333 S. Se	ton Ave. 2	21727
George So Was deceased ever in U.S. As	W. Francis		MIDDLE	Quig ¹ 6	э у
	IVE WAR OR DATEST	8366 Sr. Rosa		on Ave. Emn	nitsbur
	DUE TO, OR AS A CONSEQUE	ENCE OF	rmin al Disease or Coni	DITION GIVEN IN PART 11a	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO 🔀	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	GS USED OF DEATH?
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	URRED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART OR PART 2)	
216 INJURY OCCURRED ILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.	ARM ETC.) 211 LOCATION STREET	CITY OR TO	wn (Ounit	STATE
22d. PHYSICIAN'S NAME (TYPE) EMILER 12d. PHYSICIAN'S NAME (TYPE)	MOHLER SR	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	STAR STAR STAR STAR PHYSIC	221 DATE S	auses stated SIGNED
230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	ra Frederic	ck MD

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial | 5 Oct 84 | St. Joseph
24 FUNERAL DIRECTOR
Skiles Funeral Home, Emmitsburg, MD



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours att

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filted in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filted within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT, If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical examples to the second or the medical examples to the second or the sec

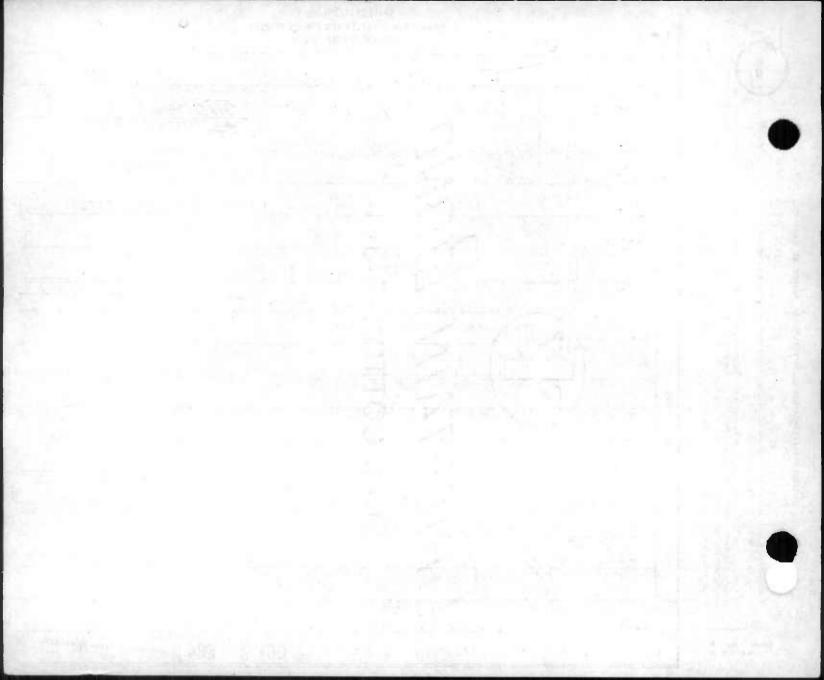
STATE OF MARYLAND

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En	6	0	-	

l	FOR STATE REGISTRAR		PEDARTME		ICATE OF DEATH	REG. N	10.		
I	DECEASED NAME FIRST (TYPE OR PRINT) Velia	c.	riddle Fr ê		AST	20. DATE OF DEATH	MONTH / O	4 SY	N. HOUR
Ì	3. SEX	4. RACE	2 1 0 1 TO 14	S. DATE C		6 AGE (IN YEARS LAST BI			FUNDER 24 HRS
Į	emale	1	ite	1	15 30	A STATE OF THE PARTY OF THE PAR	54 YRS.	Y OF BEATH	
	Md.	USA	WHAT COUNTRY?	MARRIE WIDOWE		% BALTIMORF CITY	- K COOM!	City	3 MD
	Baltimore	(IF NOT IN SUCI	H FACILITY, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST! Mamager		(FE) INDUSTRY	BUSINESS OR
	USUAL RESIDENCE IT NURSING HOME OR 130 STATE 136. COUN	IIY	GIVE RESIDENCE BEFORE AS 13c. CITY OR TOWN Baltimore	OMISSION)	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 7013 Harf	ord Ro	oad 21234	4
	IA FATHER'S NAME FIRST Joseph	MIDDLE	Frate		15. MOTHER'S MAIDEN NA Rose	WE	Lant	tieri ^{last}	
	16g WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV.	MED FORCES? E WAR OR DATES)	166. SOCIAL SECURI		17 INFORMANT Mrs. Italia	Pasko 3109		iew Ave.	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c) CONDITIONS CO		ATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	S, WERE FINDING	F DEATH?
1	OR COLUMNIC CALIFF OF DE	HOUR A.	M. MONTH DAY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJI		PART I OR PART 2)	ио 🗍
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE C		19 M, ETC)	211. LOCATION STREET	CITY OR TO	own .	COUNTY	STATE
	270. I certify that (I) (this hasping saw the deceased alive an abave, (I) (we) (did) (did not 27b. SIGNATURE MASSE 27d PHYSICIAN'S NAME (17PE 9) MASSE	t) view the body	4 19 5	-	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS	_ MEDICAL STA	FF. S.		
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1	23b. DATE Oct.8,			EMETERY OR CREMATORY 11 Redeemer	23d. LOCATION CHYOR TOWN Baltimo	re	утичоэ	STATE
	24 FUNERAL DIRECTOR Leonard J. Ruck				25a DA1				REdall

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



must be notified at once.

injury, or other troumotic event, the

mpletely filled in by and 2 should be file

6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIÈNE	REG. NO.	3 0		
	CEASED NAME	FIRST	,	MIDDLE	l	AST .	20 DATE OF	DEATH M	ONTH DAY	YEAR	2b. HOUR
{ TYPE	OR PRINT)	BESS		XX.	FRI	EDMAN		- /	0 16	84	745 AM
3. SE	X	4. R	ACE 3	Fulk	5. DATE C		6. AGE (INY	EARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS.
	FEMALE		HIERON	crecion	DI		XXX	92	YRS.		HOURS MIN.
I	RTHPLACE ISTATE OF FO		USA	WHAT COUNTRY?	WIDOWE		BALT	IMORE			MD.
В	ALTIMORE		N. CH	ARLES" GE	N. HOS	OR OTHER INSTITUTION	120. USUAL ITYPE OUS HOUS	SEWIFE	N WORKING LIFE)	AT T	OF BUSINESS OR
130 S	AL RESIDENCE (IF NURSI STATE IARY LAND	NG HOME OR OTHE 13b COUNTY	R INSTITUTION	BALTIMO		138. INSIDE CITY LIMITS? YES MO _	131845	WAVERI	LY WAY	#212	239
14. FA	MOTSHE	MIDD	ıe R	I CHMOND		IS. MOTHER'S MAIDEN N LÉRĂH	AME	WIDDLE	Į	JNKNOV	٧N
160. V	MAS DECEASED EVER I	N U.S. ARMED (IF YES, GIVE WA		160 SOCIAL SEC			RS. LILI			2120	
ħ	18 CAUSE OF DEATH PART I. DEATH W.	(Enter anly a AS CAUSED BY IMMEDIATE C		A3P1 A	A Tie	N PHEUMO	NIA			BETWEEN	ONSET AND DEATH
	Conditions, if ony,		DUE TO, O	C. V. A.		LT HEMIL	LE GIA	p			
	gove rise to imm cause (a), stating underlying cause		DUE TO, O	RAS A CONSEOL	ENCE OF	ARETDEMA	NTIA	20 45	(b)		
z	PART 2. OTHER SIGN					NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDI	ITION GIVEN	IN PART 1	0.
10				-		Y DRATION .	20g AUTO	DRCV2	20b. IF YES, W	/EDE EINIDII	NGS USED
TIFICA	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES [OF DEATH?
WEDICAL CERTIFICATION	210. ACCIDENT WAS UND	AUSE OF DEATH		M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNA	ATURE OF INJURY	IN ITEM TB PART	1 OR PART 2)	
DFC	21d. INJURY OCCURR		21e. PLACE			21f. LOCATION	4.4			COUNTY	STATE
WE	WHILE NOT WH	K	(AT HOME STE	REET, FACTORY, OFFICE.		STREET		CITY OR TOW			STATE
	220. I certify that (I) saw the decease above, (I) (we) (d	d alive on	10	- 16 = 19	63 24	nd that in (my) (aur) opinio	n death accurre	ed on the dot			that (1) (we) last couses stated
	22b. SIGNATURE	/	M	101	7	DEGREE ATTENDING	MEDICAL	STAFF			SIGNED
		16	1011	4/1		PHYSICIAN	DIRECTOR	PHYSICI/		10	-16=84
	50 DHI		PA	TEL		NORTH	CHAL	2LES	6E	w. 1	Host.

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompapers-Pages

retained by the haspital or attending physicion.

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

culuson & RAS

OCT.17,1984

#21215 6010

231. NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW

BACTIMORE

COUMARY LANDSTATE

250. DATE REC'D.

REGISTRAR 256. REGISTRAR'S SIGNATURE

 A. T. Tarabaga and Depth Street Street. Sole lamage wife contraction to the

ector, page 3

FOR STATE REGISTR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE CERTIFICATE OF DEATH

0	1		(7)	1
Com	0	1	0	- 3

Marie James Rande 82

Ł	REGISTRAR						REG. NO.			
	1. DECEASED NAME FIRST EL	AINE M	M.	(/	FREI	AD	20 DATE OF DEATH MONTH	31-84	26 HOU	-
L	FLAIN	IE	M.		EMD		10-		6:3	
I	3. SEX 4	RACE		5. DATE O	F BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER	24 HRS.
I	/ FEMALE	WHI	TE	08	08	24	60 YRS			16-22
ł		CITIZEN OF W	HAT COUNTRY?	8.			9. BALTIMORE CITY OR COUN	TY OF DEATH		
ł	MARYLAND	U.S	Δ	WIDOWE	NEVER	VORCED [BALTIMORE C	TTY		MD.
ł			OSPITAL, NURSING	-	W. M.		120 USUAL OCCUPATION	126 KIND O	F BUSINE	
ł	2 DATESTORE		FACILITY, GIVE STREET A		TAT		(TYPE OF WORK FOR MOST OF WORKING	I#E) INDUSTRY		
\$	BALTIMORE UAL RESIDENCE (IF NURSING HOME OR OTI		. AGNES		TAL		HOMEMAKER	_		
1	STATE NO COUNTY		13c. CITY OR TOWN		13d INSIDE C		13e STREET ADDRESS / ZIP CO			
4	MARYLAND BALTIN	MORE	ARBUTUS		YES 🗌	NO X	4829 CARMELLA	DRIVE,	2122	1
ł	FATHER'S NAME FIRST MID	DDLE	LAST	120	15. MOTHER	S MAIDEN NAM	WIDDLE	IAS	T	
ł	THOMAS		BURCH		M	ARIE		PRICE		
I	160 WAS DECEASED EVER IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMA	INT	ADDRESS			
1	NO (#165, GIVE W	VAR OR DATES)	219-12-56	675	LISA	M. GRE	EN 1823 McHENRY	STREET,	212	23_
ľ	18 CAUSE OF DEATH (Enter only	one cause per l	ine far (a), (b), and	l re				BETWEEN	MATE INTER	DEATH
l	PART I. DEATH WAS CAUSED E	BY:	andiso-	0.40	rator	n a	rest			
ı	IMMEDIATE (1					100	
I	CARLES AREA IN	DUE TO, OR	AS A CONSEQUE	NCE OF	. 0	la	00/000			
ı	Conditions, if ony, which gove rise to immediate	(b)	margine	nev	var -	remo	vininge			
ı	cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF						
1	underlying cause last	(c)								
1	PART 2 OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G	EIVEN IN PART 10	0	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						Too and to be a second	SC WERE ENION	100,000	
1	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFO	RMED		ES, WERE FINDIN		
1	TA TA							YES [NO [
4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	11b. TIME OF	INJURY A. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART TOR PART 7)		
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.N		19						
ł	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE C			211 LOCATI	NC	CITY OF TOWN	COUNTYS		STATE
1	WHILE NOT WHILE	(AT HOME STRE	ET, FACTORY, OFFICE, FA	ARM ETC)	SINCE		(11)			
1	22a certify that (1) this hospital	ottended the	deceased from	10,	120	19 A	10 10/3/	19 00	thor (Tr) (we) last
ı	sow the deceased olive on_	10/:	3/ 19	Ayo an	nd that in (my	(our) opinion (death accurred on the date and h		-	
ı	abave((I)/we)(did)(did nat) v	view the bady o	lter death.	/	DEGREE			22c DATE	SIGNED	-
	ZZO. SIGNATURE		1			ATTENDING	MEDICAL _ STAFF	101	2 / /	0
	mounde		re-			PHYSICIAN [DIRECTOR PHYSICIAN	1'/	3//6	70
1	224 PHYSICIAN'S NAME (TYPE OR PI	1 1	,		22e ADDRE	SS	. ,	· ·		
	Lee / /	100n1	hee		5	(· A)	gnes Hos	P.		
1		23b. DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		LAYE
	BURIAL	11-03-	84	LOU	DON PA	RK	BALTIMORE CI		RYLA	ND
	24 FUNERAL DIRECTOR			2	1229		E REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNAT	Mand	ماكله
	HUBBARD FUNERAL H	OME, IN	C. 4107	WILKE	NS AVE		UV-5 1984	a Davidson	1	
- 1		-				-	The state of the s			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and consult has described for use of the buriof-transit bernut. Then please remove carbonoppers. Pages

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

should be detached for use as the buriol-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If them 21 is marked or here the order from more covering to the transmitter of the computer of

winjury, or other troumotic event, 16

	The Control of the Co		
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770 March 11		1	
		ST. AGIRS MOSS	
TOTAL COMPANY AND ADDRESS OF STREET			TIAS: GOLIZIAN
and a second	72.000	порив	Property 1
gots ,ukura maan, sida	Sept. N. Alexandre	1528-11-1128	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages | rand 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, ar other traumatic event, the medical exa

must be notified of once

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		REGISTRAR ·				CERTIF	CALE OF DE	AIN	REG. NO	٥.		
		CEASED NAME	FIRST	A	AIDDLE		NST.		20 DATE OF DEATH	AONTH [DAY YEAR	26 HOUR
	(111)	ANN	9				nann		10-24-84			6:55 A
	3. SEX	1	ľ	4 RACE		5. DATE O	F BIRTH 13	1898	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	+	Emale		Cancas		07	MXX	XXXX	86 XXX	YRS	of 61	
4		RTHPLACE (STATE OR FO	DREIGN 7	LICA	WHAT COUN	TRY?	NEVER M	ARRIED -	9. BALTIMORE CITY O	_		
1		IRGINIA		WA		WIDOWE		ORCED	BALTIMOR			MD.
1		TY OR TOWN OF DEAT	TH	(IF NOT IN SUC	HOSPITAL, NU	JRSING HOME O	R OTHER INSTI		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS OR
4		ALTIMORE AL RESIDENCE (IF NURSIF	NC HOME OR	SINA	HUS	BEFORE ADMISSIONI			HOUSELVIPE	<u> </u>		HOME
5	13a S		-SALX	TY	13c. CITY OR	TOWN	13d INSIDE CIT	Y LIMITS?	6210 PARK F	ZIP CODE		205 4215
	14 FA	THER'S NAME	N	AIDDI E	IASI	,	15. MOTHER'S		E MIDDLE		IA51	
2		REV.EMAN			ROBI			ËSSIE		-	KAHÑ	
		(AS DECEASED EVER I ES, NO OR UNKNOWN)		MED FORCES?	Cont.	SECURITY NO.	17 INFORMAN	_	ARS. MARADERE SLADE AVE.		APT.	707 21 208
		18. CAUSE OF DEATH	1 (E-11				GVITTI					MATE INTERVAL
		PART I, DEATH WA	AS CAUSED	BY: E CAUSE (a)		ORESPIR	AJORY.	ARRES	7	_	minut	1m
					R AS A CONS	EQUENCE OF	/					
1		Conditions, if ony,		(b)	ENTRAC	TABLE !	VENTICA:	lory (1	RESPIRATOR	1) fai	wee -	todays
		gove rise to imm couse (a), stating underlying couse		DUE TO, OF	AS A CONS	EQUENCE OF		,			1	J
				(c) (CPD						year.	5
	Z	PART 2 OTHER SIGN	- Mal	ONDITIONS CO	1.1		-		NAL DISEASE OR CON	0	00	
-	ATIC	190 DATE OF OPERAT	NI CIT	196 CONDI	TION FOR W	HICH OPERATION			100 AUTOPSY?		, WERE FINDIN	IGS USED
2	CERTIFICATION								YES TI NOX	IN CERTIF	YING CAUSES	OF DEATH?
2	CER	21a. ACCIDENT WAS UND	اسا	216. TIME O	F INJURY M. MONTH	DAY YEAR	21t. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INTUI	TY IN ITEM 18 PA	ART I OR PART 2)	
7	CAL	OR CONTRIBUTING C		100		19						
	MEDICAL	214 INJURY OCCURR		21e PLACE (FFICE FARM ETC 1	211 LOCATION	4	CITY OR TO	WN	COUNTY	STATE
	~	AI WORK AI WOR	K -					0.1			60	
		22a I certify that (1) saw the decease	this hospit	of ottended the	e deceased fo	400.00	29	, 19 <u>84</u>	eath occurred on the do	<u>Y</u>		that (I) (we) last
		obove (I)(we) (di	id (did not	view the body	ofter death.		DEGREE	our opinion de	eoin occurred on the do	Te ono nou	22c. DATE	
		Donald	2R. Ta	for m	0		AT	TENDING HYSICIAN	MEDICAL STAI			1-84
		224 PHYSICIAN'S NA	ME (TYPE OF	Resti			22e ADDRESS				15	
		DONALD		YLOR					AL DEPT. O	F ME	DKINE	
	230 B	URIAL, CREMATION, F	REMOVAL	OCT . 25	.1984	BALTIMO			BALT I MOI	RE	COUNMARY	LANDATE

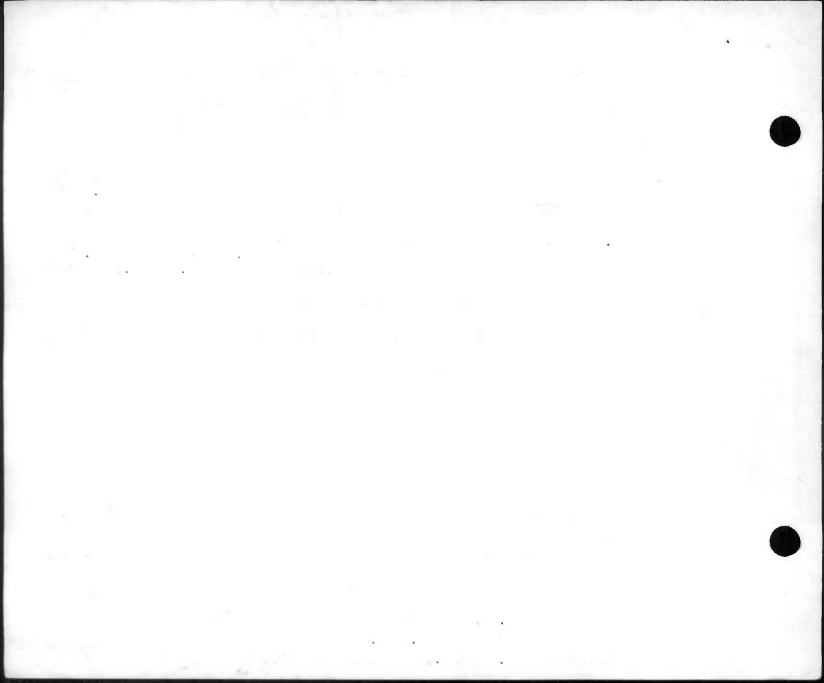
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital or attending physician

LEVINSON& BROS., INC. OCT 3 1 1984 Lie Davidson-Randare

24 FUNERAL DIRECTOR 21215 BALTO., MD 6010 REISTERSTOWN RD.



1	Ite	m 4 per phone	10/25/84 dad	STATE OF MARYLAND	2 6 9 1	7 3
		FOR STATE		ENT OF HEALTH AND MENTAL HYG	IENE & O	5 0
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. 85		EASED NAME FIRST	MIDDLE	EQUIT 3 F	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
y be		LEWIS	++.	TRITLE JR.	10	198931UM
ge 4 may be seter, page 3 rs after death	3. SE)	m	caucatian	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 MRS
Page Hours		RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
death. Pag funeral dire	1	MU	U.J. H.	WIDOWED DIVORCED	BALTIMORE	CITY MD.
by the fu	B	ALTIMORE/	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION LODGESSI	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
filled in		RESIDENCE IN NURSING NOME OR OF TATE		YES NO	130 STREET ADDRESS / ZIP CODE	ed 21122
mpletely and 2 st	J FA	THER'S NAME -EWIS H	FRITZE,	SR. SHARON	MIDDLE	SHAFFER
Pages 1		(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) IF YES, GIVE V	WAR OR DATEST		ADDRESS EITZE SR. 185	21122 AKUNDOCKD
ficate b physicia papers. naval. ent, the		18 CAUSE OF DEATH (Enter poly	one couse per line for (a), (b), and		10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s death certifica s attending phys move carbanpap ration, ar remavo	7	PART I. DEATH WAS CAUSED	CAUSE (0) NTRE	ICRANIAL SEPS	13	
oth ce endin carb n, ar matic		8177	DUE TO, OR AS A CONSEQUE	NCE OF 12 - MAY A		bodaus
e dea maye ration		Conditions, if any, which gave rise to immediate	(d)	UMA - MVA		1 County
that the		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		+31 18 10 89
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
n signi Then p ta bu	N N					
mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?
2 . o o o o	TE	8/14/84	CRANIO	TOMY	YES NO YES	NO D
YSICIAN: The fing physicia by certificate hourial-transit to wental Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	V VEAD	RED CENTER NATURE OF INJURY IN ITEM 18 PA	
PHYSICIAN: ending phys this certifica te burial-trand Amental Hy d or Item 18	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 8	21F LOCATION	YCLE ACCIDE	NI
I D E D	WED	21d. INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F.		CHY OR TOWN	COUNTY STATE
00000		AT WORK AT WORK	JIKEEL	SIII WAY	KNEWN	9 K we) lost
Z = & SI		22e certify that (1) (this haspita saw the deceased alive on	10/19/19	, and that in (my) (our) opinion	death accurred on the date and hour	
L OR ATTE L DIRECTO toched for to Dept. of		22b, SIGNATURE	view the body after death.	REGREE		22c. DATE SIGNED
SPITAL OR A: d by the host interal DIREC I be detoched ne State Dept.		mxta	Covell	//// ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/19/84
TO HOSPITAL TO FUNERAL should be dete		22d PHYSICIAN'S NAME TYPE ORE	ovich	MIEMSS,	225 Greene	St, Balt, Md.
T 6 F 2 3 5		URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		3cirial	10/22/84 W-	T. CARMEL UM.C.		A.Co. MD
DHMH - 16 50M 4/83 (VRA 15, 4)	m	INERAL DIRECTOR	MOUNTAIN +	E. C. C.	E REC'D. BY REGISTRAR 256. REGISTE	AK S SIGNA I UKE CO
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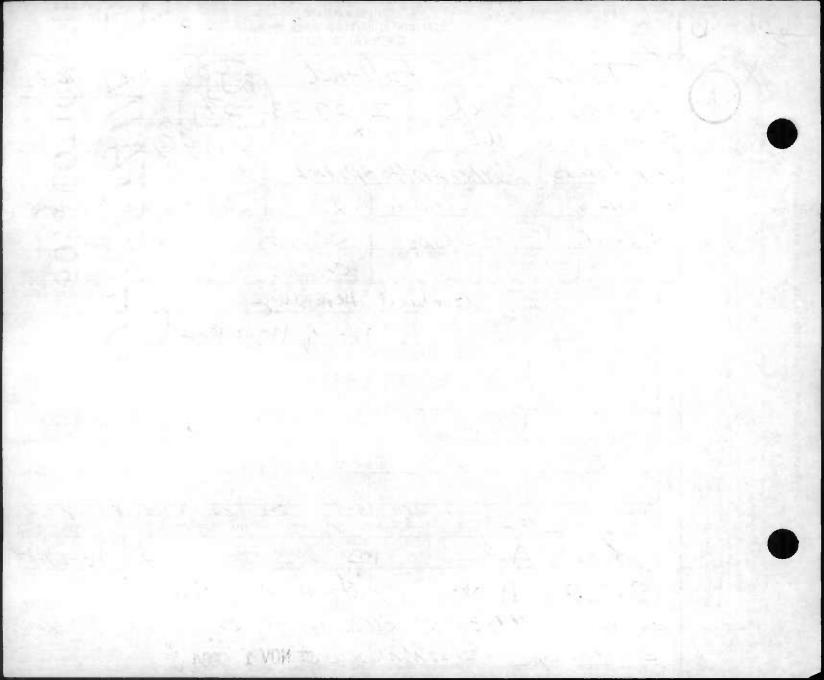
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STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENCIL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
1	(TYPE	JULIA		FullARd	OCT 27	158.	4 /	10.P
)	3_SE	Emal	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS		UNDER 24 HRS
/	7a. BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTR	Y? 8 - 29 33	9 BALTIMORE CITY C	YRS. OR COUNTY OF DE	ATH	
77		outh Carolina	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	a	tes		
46	10 C	BATHMUKE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION SET ADDRESS OF SPITTEL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	DE WORKING LIFET IND	KIND OF BU DUSTRY	USINESS
35	130. 9	AL RESIDENCE (IF NURSING HOME ORC STATE 136 COUNT 10 RYLAND		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	oplar	6RI	12
00	14 FA	THER'S NAME SAIA M	De Phillip	15 MOTHER'S MAIDEN NAM		Blac	LIAST	
		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? IM SOCIAL SEL	Chart	ADDRI	ESS		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), BY:				APPROXIMATE SET WEEN ONSE	E INTERVAL ET AND DE A
		gove rise to immediate			y perfens			_
	NC	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF			PART I:o	
2	TIFICATION	couse (a), stating the underlying couse lost	ONDITIONS CONTRIBUTING TO		INAL DISEASE OR CON	DITION GIVEN IN I	FINDINGS CAUSES OF I	DEATH?
2	CAL CERTIFICATION	couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR	INAL DISEASE OR CON	DITION GIVEN IN I	FINDINGS CAUSES OF I	USED DEATH?
2	MEDICAL CERTIFICATION	COUSE (01, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DNDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 216. HOW INJURY OCCURR 19 211. LOCATION	INAL DISEASE OR CON	DITION GIVEN IN I	FINDINGS CAUSES OF I	DEATH?
29		COUSE (0), STOTING the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC	D DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 211 LOCATION STREET	TO AUTOPSY? YES NOTER NATURE OF INJUING CITY OR TO	DITION GIVEN IN I	E FINDINGS CAUSES OF I N PART 2)	STATE
29		COUSE (D), STOTING the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 1 WORK (THIS hospite) 220. I certify that (this hospite) sow the deceased allive on sow the deceased allive on sow the deceased of the one sow the other than the other	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 211 LOCATION 51REF1 DEGREE ATTENDING	TO AUTOPSY? YES NOTER NATURE OF INJUING CITY OR TO	20b. IF YES, WERE IN CERTIFYING OYES TO THE MISS PART I OR THE MISS PA	E FINDINGS CAUSES OF I N PART 2)	STATE (we) Isses stoted
29		COUSE (01, STOTING the underlying couse lost PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a. I certify that A (this hospital sow the deceased alive on obove. If (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 21c. ADDRESS	TO AUTOPSY? YES NOTER NATURE OF INJUING TO THE PROOF TO	20b. IF YES, WERE IN CERTIFYING OYES ON THE MISS OF TH	PART 2) unity that	STATE (we) I
29	MEDICAL	COUSE (D), STOTING the underlying couse lost PART 2 OTHER SIGNIFICANT CO. 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270.1 certify that A, (this hospital sow the deceased alive an obove, in (we) (did) (did 271b. 510 PARTIES	196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 716 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) 10 Ottended the deceosed from view the body ofter depth. PRINT) A A A A A A A A A A A A A	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR 19 21c. ADDRESS	TO TO THE PHYSIC	20b. IF YES, WERE IN CERTIFYING OYES ON THE MISS OF TH	PART 2) unity that	STATE (we) I



ly filled in by the funeral di should be filed within 72 ha

completely

the attending physician and cremove carbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the bunal-transit permit. Then please remove corban papers with the State Dept-of-Health and Mental Hygiene priar to burial, cremation, ar removal.

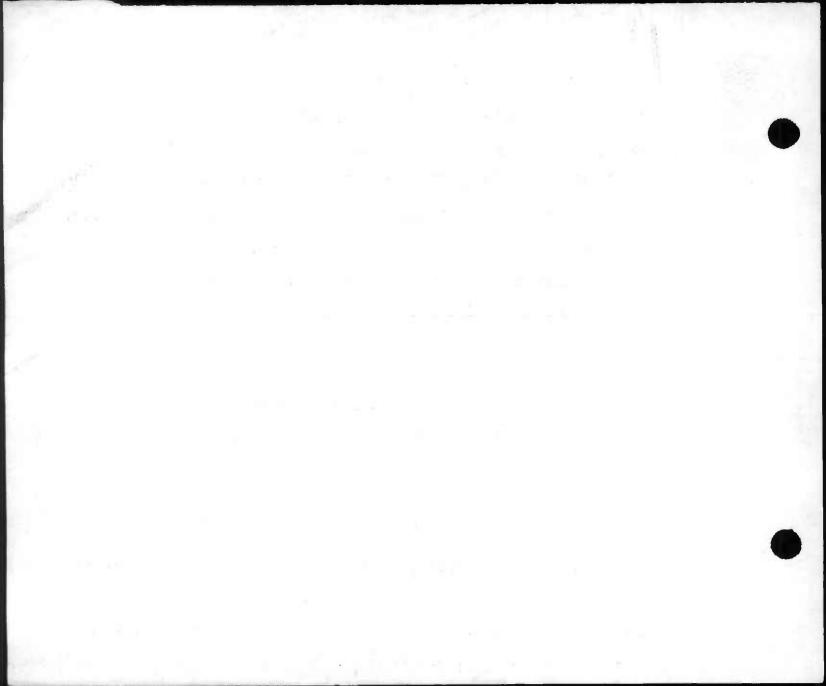
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND A CERTIFICATE OF D		REG. NO.	0 4	
١	1 DECEASED NAME FIRST	MIDDLE	LAST	2a DAT	E OF DEATH MONTH	DAY YEAR 26.	HOUR
I	JANNEY		FULLER		/-	31 84 /	. 22 PW
1	3 SEX	4 RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	INDER 24 HRS
ı	Male	White	May 29, 1		YRS		OKS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER N	ARRIED D BALT	IMORE CITY OR COUNTY	OFDEATH	
	Maryland	USA	WIDOWEDXX DI	ORCED BA	LTIMORE CITY		MD.
7	10 CITY OR TOWN OF DEATH		IRSING HOME OR OTHER INST		UAL OCCUPATION	126 KIND OF BU	SINESS OR
4	BALTIMORE		RIAL HOSPITAL	Ware	ehouse Mgr.	Retail	
1	HUSUAL RESIDENCE (IF NURSING HOME OF 130. STATE			TY LIMITS? 113. STRE	EET ADDRESS / ZIP CODE		
1	Md	Balti		NO 🗍	3504 Buena V	Vista Ave	21211
٦	14. FATHER'S NAME		15 MOTHER'S	MAIDEN NAME			
á	FIRST	MIDDLE LAST		FIRST	MIDDLE	EAST	
4	John Fuller	MED FORCES THE FOCIAL	SECURITY NO. 17 INFORMAL	Jennie Be	ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES]					
1	Yes 1920	<u>-1928 215 09</u>	<u> 5692 Kober</u>	t J. Fulle	r same		
1	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	D DV				APPRÖXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
1		TE CAUSE (a) RESPI	ESTURY ARROST	7			
1		DUE TO, OR AS A CONS	FQUENCE OF				
1	Conditions, if any, which	(Ib)					
1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
1	underlying cause last.	DOE TO, OR AS A CONS	ECOENCE OF				
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITION GIV	/EN IN PART I/a	
ı		reannine WAR	netron/ Dunder	h -			
Ħ	4 190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFO			S, WERE FINDINGS	
	190 DATE OF OPERATION 10 - 29 - 8 4 210. ACCIDENT WAS UNDERLYING	NECROTIC !	DUDGENSE VLCE	R YES!		YING CAUSES OF I	DEATH?
d	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW IN		ER NATURE OF INJURY IN ITEM 18 P	hard.	
		AID .	DAY YEAR				
1	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	R) P.M. 21e PLACE OF INJURY	19 21f LOCATIO	IN .	.		
1	WHILE NOT WHILE	(AT HOME STREET FACTORY, OF			CITY OF TOWN	COUNTY	STATE
	AT WORK AT WORK		10 37	E //	10-31 -	(2//	
1	22a I certify that (I) (this hasp	ital) attended the deceased fr	om 10-21	. 19 to_		1907, that	(I) (we) last
	abave, (I) (we) (did) (did no	at) view the bady after death.	19 84 and that in (my)	(aur) apinian death acc	turred on the date and hau		
	22h SIGNATURE	100	DEGREE	***************************************	CALL	22t. DATE SIGI	
	1 (legensle	LD. Rugs	by, and i	HYSICIAN DIRECT	CAL STAFF TOR PHYSICIAN X	10-31	84
ī	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRES	5	,		
1	REGINALD D	1. RIGSBY, 6	40 WION	MEMORINE	HOSPITAL		
	23a. BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR C		OCATION		
	Burial	11/05/84	Lakeview Memor	ial Park	Eldersburg, (Carroll	Md ^{STATE}
	24 FUNERAL DIRECTOR	1 11 03/07	THE PARTY AND THE PARTY OF		BY REGISTRAR 25% REGIST	RAR'S SIGNATURE	
	Burgee-Henss Fu	meral Home 36	31 Falls Rd. 2	1211 NOV	10 1000 %	Co Kaidena	Grands 12
ч	Durkee-Henss It	HICLAI HOME	JUL LULLU INI 2	MILI V	C Property	WILL GOLD IN CONT	- Marian



FOR - STATE

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

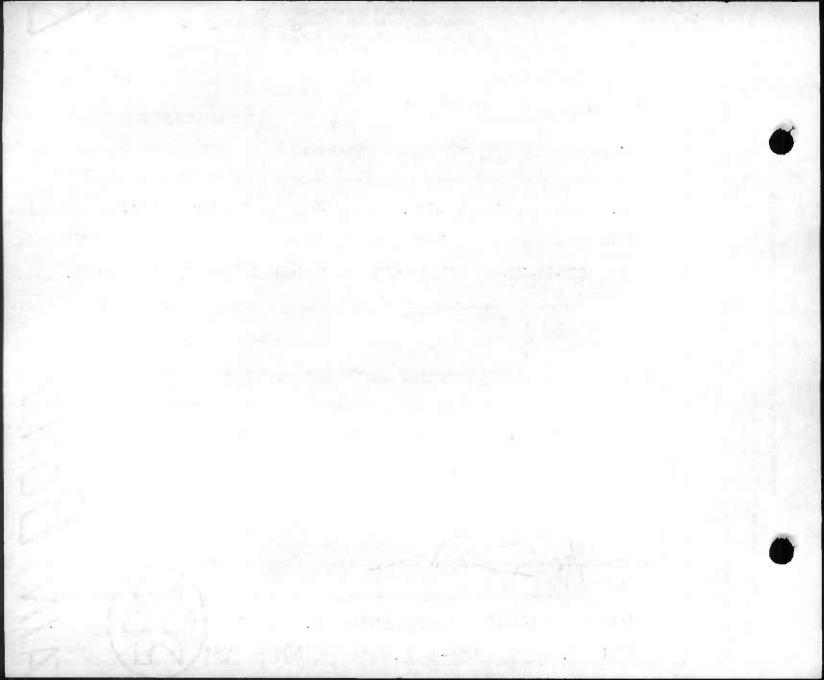
26 HOUR

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STATE



/William MIDDE DECEASED NAME 20 DATE OF DEATH MONTH A. Fulton (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY industrial 13e.STREET ADDRESS / ZIP CODE 185 Township Rd. 21222 Marion. Md. 21836 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED {ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY and that in (my) our) apinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNED DIRECTOR PHYSICIAN Cremation Baltimore Maryland Westview 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Duda-Ruck, inc. 7922 Wise Ave. Balto Md 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DHMH - 16 50M 4/B3

(VRA 15, 4)

FOR

REGISTRAR

- STATE

and the second of the second 1 3/55/L

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furshood be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, arremoval.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

poge 3

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	6	9	0	8

1	FOR STATE REGISTRAR		DEF	CERTIFI	CATE OF DEATH		REG. NO.		
	DECEASED NAME	Pearl	WIDDIE	Gab	riel	20. DATE OF E		ZS 84	10 1000
3. S	EMALE	4	DHITE	S. DATE O	26 189E	5		MONTHS DA	YS HOURS
Bn	BIRTHPLACE (STATE COUNTRY) ARYLAN CITY OR TOWN OF	'D	L.S.A.	MARRIEE	DIVORCED R OTHER INSTITUTION	- BALT	imor	OF LIZE KINI	TY D OF BUSINESS
1 t	BALTIME WALRESIDENCE (IF		(IF NOT IN SUCH FACILITY, GIVE	HOSDIT	TAL	Hon	EMA	KER INDUST	RY
12	STATE MARYLAND FATHER'S NAME	136 COUNTY	BAKT	MORE	YES NO 15. MOTHER'S MAIDE	609	S. Fo	RT ST	7.
160	FIRST 7	ER IN U.S. ARMED	PHILL	195 SECURITY NO.	LAY INFORMANT	HNOWK	ADDRESS	0	LAST
	(YES, NO OR JINKNOWN)		R OR DATES) ne couse per line for (o), (JOYCE	BARK	184	2 Col	MAR I
	PARTI. DEATI	WAS CAUSED BY		encry 2	1.00	N. K.			
	Conditions, if cooper rise to couse (o), st	immediate of the	DUE TO, OR AS A CON:	SEQUENCE OF		brilletic			
NOI	gove rise to cause (o), st underlying co	ny, which immediate oring the use lost.	DUE TO, OR AS A CON	SEQUENCE OF	atmed Fi			N GIVEN IN PART	110
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STATE OF MARYLAND

4	1	STATE			DEPAI	RTMENT OF H	EALTH AND MENTAL HYG	FIENE			
			T.T.TAM	JOHN GA	AFFNEY	CERTIF	ICATE OF DEATH	REG. N			
1	1 DEC	EASED NAME	FIRST	JOHN OF	MIDDLE		AST		MONTH DAY	YEAR	26 HOUR A
			N.11.	AM	John	G	AffNey		10 25	84	12 to A
1	3. SEX			4 RACE		5. DATE C		6. AGE LIN YEARS LAST BIR		INDER TYEAR	IF UNDER 24 HRS
l	1	MAIC		wh.	TE	MONTH		8 3	YRS.	ITHS DAYS	HOURS MIN.
Α		OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
þ		Maryland		U.S.	. A .	WIDOWE		Baltim	ore Cit	V	MD
7	CII	TY OR TOWN OF DE.	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12h KIND O	F BUSINESS OR
1	R	altimore	/		nes Hos			Brush Make			Glass
3		L RESIDENCE LIF NUR	SING HOME OR					Drush hake	I-IICL\$	burgii	riate
ij	130 S	TATE	131 COUN	ITY	13c CITY OR TO	NWC	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		7.55	
4		aryland	Balt	imore	Catons	ville	YES NOX	310 Lamb	eth Roa	d	21228
2	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	1
		John		н.	Gaffn	ey	Barbara	Do	ra	Ni	ne
5	160 W	AS DECEASED EVER			166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRI	SS		
1	{Y	No OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-0	5-3072	Vernon W. G	affney Sa	me as #	13	
-								/			MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH W			ine for lot, (b),	1000	strate 0	notestano		BETWEEN	DNSET AND DEATH
1			IMMEDIA1	E CAUSE (a)	00	701	3,	1.610 310			
	27-			DUE TO, OI	R AS A CONSE	DUENCE OF					
		Conditions, if any		(b)							
		gave rise to im- cause (a), stati		DUE TO OF	R AS A CONSE	DUENCE OF					
		underlying cause	e last.	(6)					90.070		
	200	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	NIN AL DISEASE OR CON	DITION GIVEN	IN PART 10	0
-	Z O										
1	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	VGS USED
Δ	FF			215				The world	IN CERTIFYIN	IG CAUSES	
J	RT	71a. ACCIDENT WAS UN	DEBLYING F	21b. TIME O	E INTUIDY		21c HOW INJURY OCCUR	YES NO	YES [1 000010101	NO 🗌
ı		OR CONTRIBUTING		110110	M. MONTH	DAY YEAR	ZIE NOW INJOK! OCCUR	KED (ENTER NATURE OF INJU	RY IN HEM 18 PART	S OR PART 2)	
	N N	LIF EITHER, NOTIFY MED	ICAL EXAMINER	n P.		19		A DOMESTICAL COLOR			
-	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	CE FARM FIC I	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	2	AT WORK NOT W	ORK ORK								
i		22a.l certify that (1)) (this haspi	tal) attended th	e deceased tra	m 10-2	2 19.89		19.	89	that (I) (we) last
		saw the deceas	sed alive an	10-2		84.01	nd that in (my) (aur) apinian	death accurred an the d	ote and hour ar	nd from the	causes stated
		22b. SIGNATURE	ala) (ala no	t) view the body	affer death.		DEGREE			224. DATE	SIGNED_/
		Sen	neto	1 Wu	Mum	1 M/	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN D	101	25/84
		224. PHYSICIAN'S N	AME (TYPE C				22e ADDRESS	17			
		KE	NNE	m w	Milling	ns	St. Agnes	Hospital, Ba	ltimore	. Md.	
	73n B	URIAL CREMATION	PEMOVAL	123b. DATE	12	3. NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		,	
		SPECIFY)	, KEMOVAL					CITY OR TOWN		OUNTY	M J
	24 51	Burial	-	10/29			Park Cemetery	Baltimo TE REC'D. BY REGISTRAR		D'C CNONTAR	Md.
	Le	eroya M.	Russe	11 C. W:	itzke	uneral	Homes P.A. On	T 9 6 400 4		Adson-	Pande 00
	16	630 Edmond	lson A	venue, Ca	atonsvi	lle, Md	. 21228	1 4 7 1484	300	, 4001 4-4	1.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDIN

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove corban papers. Page 1 and 2 is with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or through the part injury, at ather traumatic event, this

The strategic way with the state of the stat

C March F/H Inc. 1101 E North Avenue

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

who Davidson

Pensylvania Ry Miller Ansent Be will be sure of the deoth. Poge 4 may be

requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

STATE OF MARYLAND

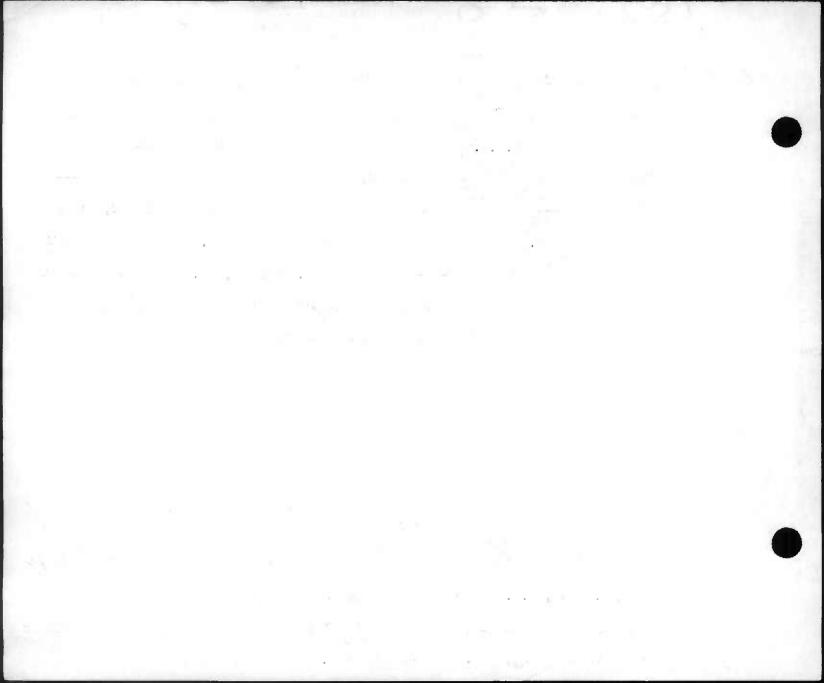
2	6	0	1	
60	0	1		

					REG. I				
	CEASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	LIZZET	TA	GA:	ITHER		10	11	84	9:20
3. SE)	X	4 RACE	S. DATE O		6 AGE (IN YEARS LAST E	IRTHDAY)	# UNDE	DAYS	IF UNDER 24 HOURS
	FEMALE	WHITE	1.2	31 1897	86	YRS		DAYS	HOURS
70. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY2 8		9 BALTIMORE CITY			ATH	
(COUNTRY	II C A		D NEVER MARRIED D	BALTIMO	RE CT	TV		
10 CI	MARYLAND ITY OR TOWN OF DEATH	U.S.A.	JRSING HOME O		12a USUAL OCCUPA			KINDO	F BUSINESS
D	ATMINODE	(IF NOT IN SUCH FACILITY, GIVE S		T 01000	TYPE OF WORK FOR MOST		LIFE) IND	DUSTRY	
_	ALT IMORE	2660 LEHMA		1, 21223	HOMEMAKE	K			
13a. S	STATE 13b COU	NTY 13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
	ARYLAND	- BALT	IMORE	YES X NO	2660 LEH	MAN S	TREE'	Γ , 2	1223
14. FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			LAS	T
	JOE	P. HUGHE	ES	EMMA	C.			PI	ELERT
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16h. SOCIAL	SECURITY NO.	17. INFORMANT	ADD	RESS			2122
	NO		74-5821	FRANK W. GA	ITHER, JR.	2660	LEH	MAN	STREET
	III CALISE OF DEATH (Enter of	inly one couse per line for (a), (b		. 1					MATE INTERVA
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	nie-	Decubritis	,				
CATION	gove rise to immediate couse (a), stating the underlying couse lost	(b) Cener	EQUENCE OF	NOT RELATED TO THE TERA		20b. IF Y	ES, WER	E FINDIN	IGS USED
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) CENES DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CO	20b. IF Y	ES, WER	E FINDIN	IGS USED
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b) COMES DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 1916 TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF	NOT RELATED TO THE TER/ N WAS PERFORMED 21c. HOW INJURY OCCUP	VINAL DISEASE OR CO	20b. IF Y IN CER	ES, WERI	E FINDIN CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	(b) COMES DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 1916 TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19	NOT RELATED TO THE TER/	VINAL DISEASE OR CO	20b. IF Y IN CER JURY IN ISEM 31	YES, WERI TIFYING (YES	E FINDIN CAUSES	GS USED OF DEATH
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINA 21d. IN JURY OCCURRED WHILE NOTHY MEDICAL EXAMINA 21d. WORK NOTHY WHILE AT WORK 22a.1 certify that (1) (this hosp	(b) COME DUE TO, OR AS A CONS (c) 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	HICH OPERATION DAY YEAR 19 FFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUP 211 LOCATION STREET	200 AUTOPSY? YES NO CITY OR	20b. IF Y IN CER	YES, WERI TIFYING YES [] B PART LOR	E FINDING CAUSES	NGS USED OF DEATH' NO STA
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMINA 21d. IN JURY OCCURRED WHILE NOTHY MEDICAL EXAMINA 21d. WORK NOTHY WHILE AT WORK 22a.1 certify that (1) (this hosp	(b) COME DUE TO, OR AS A CONS (c) 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	HICH OPERATION DAY YEAR 19 FFICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO CITY OR	20b. IF Y IN CER	YES, WERI TIFYING YES [] B PART LOR	E FINDING CAUSES	NGS USED OF DEATH NO STA
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETER. NOTHER MEDICAL EXAMINATION OF COURSED WHILE NOTHING AT WORK 22a. Lecrify that (1) (this hasp sow the deceased alive or obove, (1) (we) (prid) (did in 22b SIGNATURE	(b)	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FFICE, FARM, EIC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION SIREET 19. 3-4 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	ZOO AUTOPSY? YES NO CITY OR CITY OR deoth occurred on the	20b. IF Y IN CER IN CER IN COMN	YES, WERITIFYING (YES CO CO Our ond I	E FINDING CAUSES	NGS USED OF DEATH NO STA
	gove rise to immediate couse [0], stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AL WORK NOTIFY MEDICAL EXAMINI 22a. I certify that (I) (this hose sow the deceased alive o obove, (I) [JWF] [pfid] (did not obove, (I) [JWF] [pfid] (did	(b)	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FFICE, FARM, EIC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING	Z00 AUTOPSY? YES NO CITY OR CITY OR deoth occurred on the	20b. IF Y IN CER IN CER IN COMN	YES, WERITIFYING (YES CO CO Our ond I	E FINDING CAUSES	STA
WEDICAL	GOVE rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE (FE EITHER, NOTHEY MEDICAL EXAMINATION COURRED AT WORK AT WORK AT WORK 21d. IN JURY OCCURRED AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive o obove, (1) (we) (and) (did not	(b)	EQUENCE OF TO DEATH BUT HICH OPERATION DAY YEAR 19 FRICE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUP 211 LOCATION STREET 21d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	Z00 AUTOPSY? YES NO CITY OR CITY OR deoth occurred on the	20b. IF Y IN CER IN CER IN COMN	YES, WERITIFYING (YES CO CO Our ond I	E FINDING CAUSES RPART 2) DUNITY Trom the	STA

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely illied in by the funeral displayed be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 shauld be Illed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1 -	FOR STATE REGISTRAR		DEPARTMI		EALTH AND MENTAL HYG ICATE OF DEATH	TENE REG.	NO.		
		EASED NAME FIRST	,	MIDDLE		AST .	20 DATE OF DEATH	MONTH DA	AY YEAR 2	76 HOUR
	[TABE (JULIETTE	· /	<u> </u>	AL	ARDI		10/10	1/84	8:15 PM
١	2 SEX	4	4. RACE	1		OF BIRTH	6 AGE (IN YEARS LAST E		F UNDER 1 YEAR	F UNDER 24 HRS
1	1	F Female	1,) W	hite	Jui	ne 4, 1919	1-	YRS. MC	ONTHS DAYS	HOURS MIN.
		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
1	N	ew York	U.S.A		WIDOWE		BALTII	YORE		MD.
1		rowson	(IF NOT IN SUC	HOSPITAL, NURSING H FACILITY, GIVE STREET AD TOSE F	DRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
	13a S	RESIDENCE OF NURSING HOME TATE 131, CO aryland	OR OTHER INSTITUTION, UNITY	134 CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	2117 Clovi	ZIP CODE	e. 2121	ζ <u>'</u>
7	14 FA	THER'S NAME	WIDDLE	TAST		15. MOTHER'S MAIDEN NA	ME		LAST	
	J	ohn	7410071	Basile		Elizabeth	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St	talarof	f
		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD			
1	Į Y	NO NO OR UNKNOWN)	GIVE WAR ON DATES!	286-03-5	950	Joseph R. Gal	lardi 2117	Clovil		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane couse per	fine far (a), (b), and	(C).1	100 000=	CT		BETWEEN ON	ATE INTERVAL NSET AND DEATH
	H		IATE CAUSE (a)	44	K y	IAC ARRE.	3 1		-	
			DUE TO, O	R AS A CONSEQUEN	ICE OF	10CARDIAL	NEADIT	7011		
		Canditions, if any, which	(p)_		7.7	10-41ESIAL	7101 91261	2010		
		couse (o), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUEN	ICE OF	LOTIC CARDIOV	ASCIIIAD	DIENCE		
			15.7							
	z					NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART TIG	
1	017	CORONAR 190 DATE OF OPERATION	4 ALCOND	ITION FOR WHICH C	DEDATIC	N WAS PERFORMED	20s AUTOPSY?	20h JE YES	WERE FINDING	GS LISED
	CERTIFICATION	10/6/84	ANG	INA PE	CTOI	21 S	YES NO		ING CAUSES C	
1	CER	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DAY	/ YEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAP	RT I OR PART ?)	
	¥	OR CONTRIBUTING CAUSE OF	DEATH		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE			21f LOCATION	CITY OR	IOWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE FAI	M, ETC.)	SINCE	C// G//			
		22a I certify that 💢 (this ha	spital) attended th	e deceosed from	10-					nat 💥 (we) last
		sow the deceased alive obave, (1) (we) (did) (6)	ap 10-10	ottor doub	40	nd that in (p) (aur) apinian	death occurred an the	date and haur	and from the co	ouses stated
		22h. SIGNATURE		- post		DEGREE			22c DATES	IGNED
		Ser		1 M.D.		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN		
1		226. PHYSICIAN'S NAME (17)				22e ADDRESS			•	
		REYNALDOO	RJUELA	- GOMEZ	1 1.1	1620 YOR	K ROAD T	TOWSON	S MD	21204
		URIAL, CREMATION, REMOV	AL 23b. DATE	23c. N/	AME OF (EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN			
	Cr	emation	oct. 15.	1984 Wes	tvie	w Memorial Par	rk Baltimon	ce	Marv	land

DHMH - 16 50M 4/83 (VRA 15, 4)

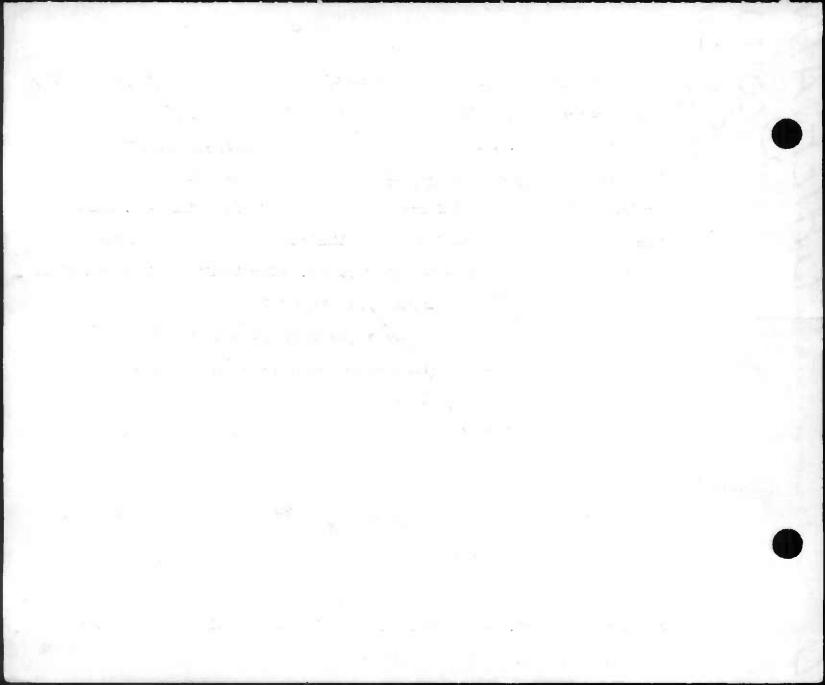
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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar remavol.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland OCT 15 1984 Julia Davidson-handelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HY GIENE

	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENT		ENE REG. N	0	, ,	
ł		CEASED NAME FIRST		MIDDLE	į.	AST			MONTH	DAY YEAR	2h HOUR
١	(TYPE	OR PRINT! RICHAF	RD	G	ALVIN			OCTOBER	26.	1984	10:49M
Ì	3. SEX	(4. RACE		5. DATE C			6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
ł	M	ALE	WHITE		APRI		EAR	32	YRS.	MONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 0	D NEVER MARRI	ED XI	BALTIMORE CITY		Y OF DEATH	
d		RYLAND	USA		WIDOWE			BALTIMOR	E CI	ΓY	MD.
7		TY OR TOWN OF DEATH	M. NAME OF	HOSPITAL, NURS	ING HOME C	R OTHER INSTITUTE		120 USUAL OCCUPAT			F BUSINESS OR
4	_					SPITAL		BARTENDER		BAR	
)	13e. S		VIY	13c. CITY OR TO	WN	13d. INSIDE CITY LIA		13e.STREET ADDRESS 5903 OAKT	ZIP COD		227
1	4 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIL	DENNAM	NE MIDDLE		LASI	
A	EU	GENE	MIDDLE	GALVIN		EVELYN		Mode		MILLE	
ij		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	SS		
4	NO	ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	217-64-	6835	M/M EUGE	NE GA	ALVIN 5903	OAKI	AND RD.	21227
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (o), (b), o	and (c).)	1				BETWEEN C	MATE INTERVAL DISET AND DEATH
١			TE CAUSE (o)	HYPOTE	MSION	J					
i	9.		DUE TO, O	R AS A CONSEQ							1
ı		Conditions, if ony, which gove rise to immediate	(b)	SEPS	15					one	week
ı		couse (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEO		0.4					
1			((c)		ROPE						
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	MAY SO	DEATH BUT			WULOCYTIC		EMIA	1
A	ATIC	190 DATE OF OPERATION	0. 01	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	2 1 2	200 AUTOPSY?	206. IF YE	S, WERE FINDIN	
	CERTIFICATION							YES M NO		IFYING CAUSES	OF DEATH?
/	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU			
ſ		OR CONTRIBUTING CAUSE OF DE	M S PT	M. MONTH	DAY YEAR						
4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e. PLACE	M. OF INJURY	19	211 LOCATION					
1	WE	WHILE NOT WHILE D	(AT HOME ST	REET, FACTORY, OFFICE	E FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
1		220 I certify that (this hosp	ital) attended th	e deceosed from	Sept	29 19	84	. 10 OCT	26	. 19	thi (we) last
1		sow the deceased alive or above (1) (we) (810) (did no	ot) view the body	ofter death.	84 . or	nd that in my (our)	opinion d	leoth occurred on the d	ate and ho	or and from the	couses stated
1		226. SIGNATURE	/			DEGREE				224. DATE	SIGNED
		Mihres			ni	ATTEN PHYSI		MEDICAL STA DIRECTOR PHYSIC		10/2	6/84
		226. PHYSICIAN'S NAME (TYPE (-		22e ADDRESS			2		
		MICHAELS. I	DONNET	VBERG		JOHNS	HOPK	ins Host			
		BURIAL, CREMATION, REMOVAL UKIAL	23b. DATE 10/29			idge Mem.		23d LOCATION CITY OR TOWN DOTSEY	1	Howard	Mď."
	24 FL	JNERAL DIRECTOR	1					REC'D. BY REGISTRAR			
	Am	brose F.H. Inc.	. 132	8 Sulphu	r Spri	-	00	T 2 9 1984	Julia	Davidson-	Randoll

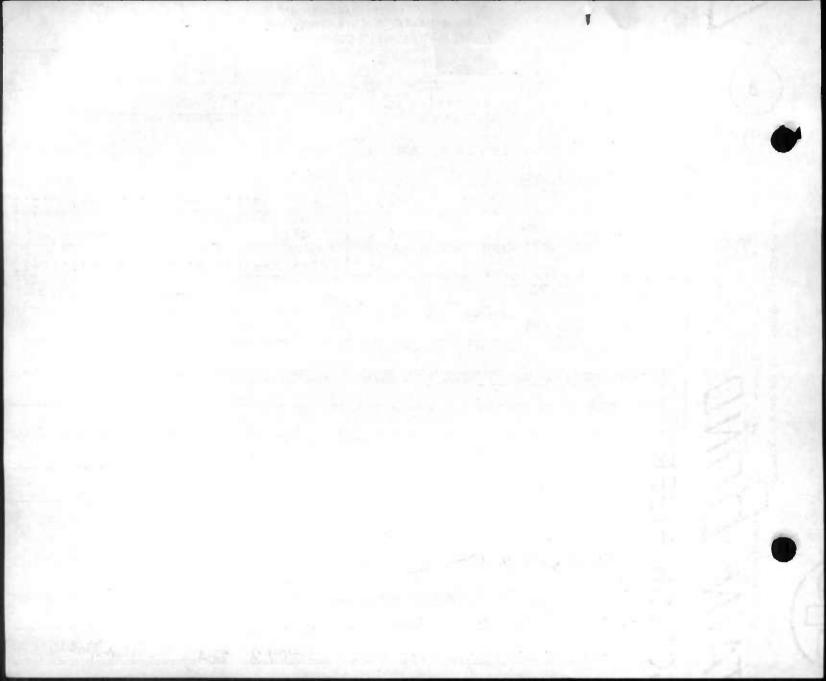
DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is mark

\$ 1	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTALMY ER'S CERTIFICATE OF		4
	DECEASED NAME FIRST TYPE OR PRINT) GEORGE	MIDDLE T.	GARDNER	REO. III CO.	MONIH DAY YEAR 726 HOU 10 31 19 84
3. S	Male Black	7 26 60 24	ARS IF UNDER T.YR. IF UNDER 2-	4 HRS 21 DATE A MIN PRONOUNCED DEAD	10 31 1984 12:5
\$ 500 m	Balto. Md.	CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	City
92	Baltimore	1. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Md. Penitentiary –	Forrest St.	20 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 126 KIND OF BUSINESS OR INDUSTRY
35 130	Md.	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 130. CITY OR TOWN Balto	YES X NO		111 Ave. 2121
7	Stephen	DEPORCES?		NAME MIDDLE ADDRESS	Gardner
/	WAS DECEASED EVER IN U.S. ARME (YES, NO, OR UNKNOWN) (IF YES, GIVE WA			rdner 2141 Dr	ruid Hill Ave
AL, CREMATION, OR REMOVA	4000	(b)		1 0	
MEDICAL CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY? YES ★ NO □
3 SPICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTING CAUSE OF DE		4 Subject cut s	LENTER NATURE OF INJURY IN ITEM 18 PARTS	T I OR PART 2)
	WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ELC.) Md. Penitentiary	Forrest St.	CITY OR TOWN Balto.	COUNTY STATE Md.
W Color Colo	220 I certify that I took charge o	of the remains described abave, held an causes	Autopsy X. Inspection icide X. Homicide TITLE (SPECIFY) M.D. Assistant	Undetermined manner	DATE 10-31-84
AFIER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2		. Bixon, M.D.	ADDRESS	enn St., Balto.,	Md. 21201
24	BURIAL, CREMATION, REMOVAL 23b. (SPECIFY) BURIAL STREET S		METERY OR CREMATORY Mem. Pk. 250. Date re	23d. LOCATION CITY OR TOWN Randallsto C'D. BY REGISTRAR 25b REGISTR	
AE (5))	Wm. March F/H	1101 E. North	Ave. NOV	2 1084	uydson-Randella

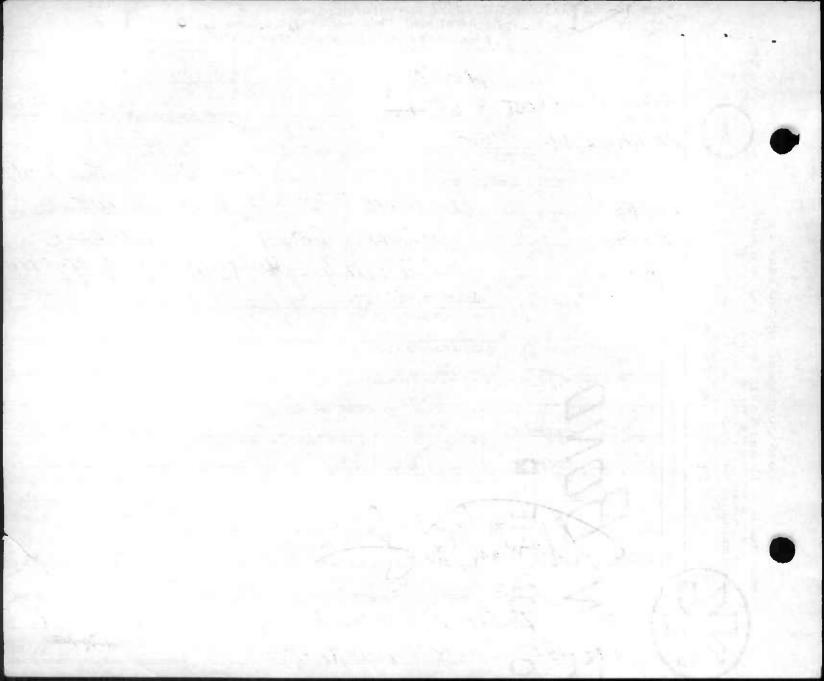
STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	549899
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH FAND DELAY IN STATE DEATH FAND DELAY IN STATE THE CRETIFICATE, WITHING THE WORD "FENDING" IN PENCIL IN TEM 18. GIVE PAGES 12. AND STOTIF PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 13 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 17 ND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND ACCOUNT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND ACCOUNT AS BALTIMORE, MARYLAND, 21201 PRIJAT OF HEALTH AND REMOVAL.
	OF 4 NOS
	★ 公光田忠下0
	OXXOFX.

	DECE	GISTRAR ASED NAME FIRST	MEI	WIDDLE	LAST	20 DATE KNOWN [X MO	NTH DAY YEAR 25 HOL
	TYPE C	Jeanet	te la	IELEN.	Gardner	OF ESTI- DEATH MATED []	0 26 19 84
1	EX	MALE BLACK	5 DATE OF BIRTH	YEAR 6 AGE (IN YE LAST BIRTHD	MONTHS DAYS HOURS	MIN PRONOUNCED	
1/2	FORE	HPLACE (STATE OR GN COUNTRY) LIMORE MU.	76. CITIZEN OF WH	HAT COUNTRY?	8 MARRIED NEVER MARR	Baltimore	City, N
1	В	altimore	(IF NOT IN SUCH FAI	Fordleight		128 USUAL OCCUPATION (TYPE OF WIFE) FOR MOST OF WORKING LIFE) CASHE	ORK 126 KIND OF BUSINESS OB INDUSTRY FAST FOX
1	STA	RESIDENCE (IF IN NURSING HOME O TE 13b COUN'		130 CITY OR TOWN	RE YES NO	3. STREET ADDRESS 2535 OSWEGO	DUE 212
1	FAT	HER'S NAME NOSES.	WIDDIE	GARdN	ER DAIS	MIDDLE W.	LEELER.
160		S DECEASED EVER IN U.S. ARA NO, OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? WAR OR DATES)	715-76-	9787 DAISY	Wood Son 2535	OswEgo AC
	1	8 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT		for (o), (b), and (c).) abetes Mell	itus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF		
		gave rise to immediate cause (a) stating the <u>underlying cause last</u> .		AS A CONSEQUENCE	OF		
N		ART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	NINAL OISEASE DR CONDITION GIVEN IN PA	ART 1 a	•
CATIO	Ī	90. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?
I I		In EXTERNAL CAUSE WAS	an Thus or				YES X NO
		INDERLYING OR	DEATH P.M	A. MONTH DAY YEAR	R	ED (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)
CAL CER			171e PLACE C				
MEDICAL CERTIFICATION	2	Id. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
and in the same of	2	WHILE - NOT MAKE		TORY, FARM, ETC.)			COUNTY STATE
New Carlo		WHILE NOT WHILE TO AT WORK	STREET, FACT	TORY, FARM, ETC.)	Antanay Inspection Inspection Institute (SPECIFY)	Undetermined manner . D.	
NO WOOD	E	VHILE NOT WHILE AT WORK The Learnity that I not the product of th	The remains day	TORY, FARM, ETC.)	Inspectic Inspection I	Undetermined manner ,	ATE 10/27/84
2	E	VHILE NOT WHILE IN TWORK The Learning that I look for the surfection of the surfect	STREET, FACT	mith, M.D.	Inspection	Undetermined manner , and in m Undetermined manner , hief Penn St. Balto.	ATE 10/27/84



comple

and Mental Hygiene prior to burial,

IMPORTANT: If Item 21 is marked or Item 18 shows any

22d

should be detached for use as the bi-with the State Dept- of Health and A TO FUNERAL DIRECTOR, After

FOR - STATE

STATE OF MARYLAND

20	6	4	4	0

		ERTIFICATE OF DEATH	REG.	NO.		
FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR
BUILDS	CHRISTINE	GARRISON	10/21/84	WANT	Doch.	1243
4 RACE	5	DATE OF BIRTH	6. AGE (IN Y ARS LAST	BIRTHDAY)	IF UNI	DERIYEAR

	REGISTRAR	REG. NO.	
	CEASED NAME FIRST	MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
(TYPE	OSSPHIN	LE CHRISTINE GARRISON 10/21/89511/10/20	1 1
3. SE	X 4. F	ACE S. DATE OF BIRTH 6. AGE (IN YARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HI	
1	Female	Caucasian 5 29 23 6 VRS.	JN.
	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
	mo.	J.C.	MD.
10 C	ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 121 KIND OF BUSINESS	OR
6	ALTIMORE S	LIF NO VINGUCH FACILITY, GIVE STREET ADDRESSY SPALTIMORE STENH HSP HOUSE WIFE DOMESTIC	
	AL RESIDENCE (IF NURSING HOME OF OTH	136. CITY OR TOWN 138 INSIDE CATY LIMITS? 136 STREET ADDRESS & ZIP CODE	
	MOCI	TY CITY YESD NO 3911 6 LH SOTREET 21	225
14. F/	ATHER'S NAME	15 MOTHER'S MAIDEN NAME	
	AUGUST	SCARDINAL CATHERINE MILLER	2
		D FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	10
(YES, NO OF UNITOWN] JIF YES, GIVE WA	215-14-97+6 WACIER GARRISON 3911 6	57.
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B		Ita
	IMMEDIATE	A000 (0)	
	a lais de la lais	DUE TO, ORAS A CONSEQUENCE OF SELL CARCINOMA WITH	
	Conditions, if any, which gave rise to immediate	(b) STASTASES	_
	cause (a), stating the underlying cause last.	DUE TO, OK AS A CONSEQUENCE OF	
		Phrumonia	
7	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO	
0			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IN CERTIFYING CAUSES OF DEATH?	
TIF		YES NO YES NO	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21(HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	
MEDICAL	214 INJURY OCCURRED	216. PLACE OF INJURY 211 LOCATION	
Z	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an above, (1) we) (did) (did not) view the body after death) and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

SIGNATURE	1)	10	DEGREE		221. DATE SIGNED
10e	2.	(ou	-mD.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	210cT8
PHYSICIAN'S MAME (TYPE OR PRINT)	_		22e ADDI	RESS	

	3001	5.	HANOUER	BALTIMORE N	
ME OF CE	EMETERY OR CREAT	TODY	1234 LOCATION		ī

236 DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Mo ully Funeral Homes

DHMH - 16 50M 4/83 (VRA 15, 4)

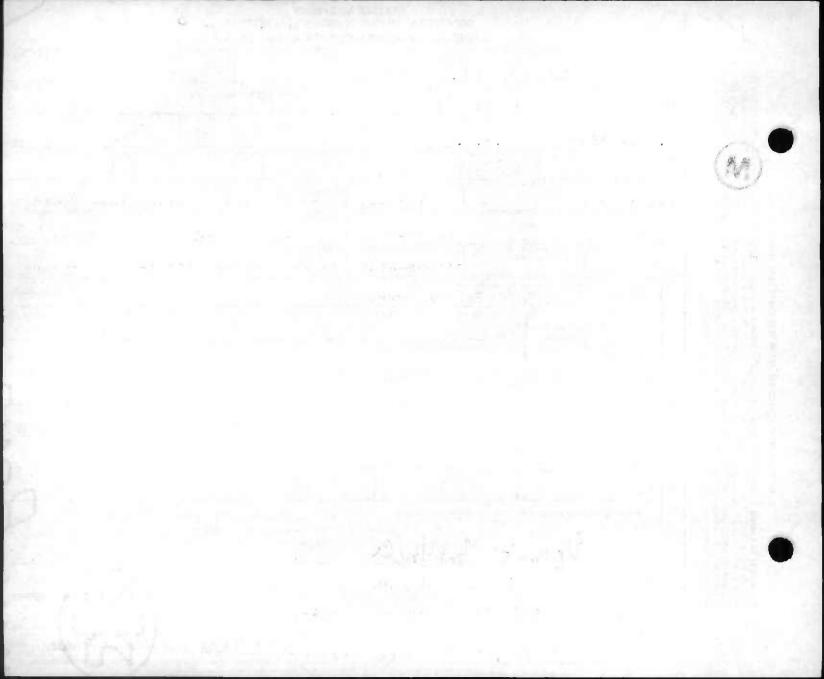
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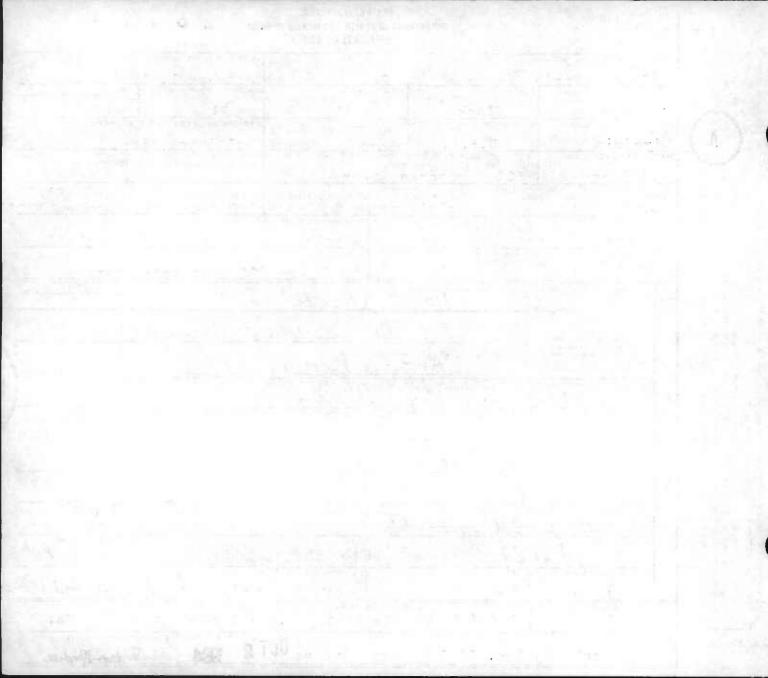
	REGISTRAR		MEI	DICAL	EXAMINER'	CERTIFIC	CATE OF	DEATH	REG. N	Ю.		
	CEASED NAME	FIRST		WIDDLE		LAST		2a DAT	E KNOWNY			R 26. HOU
(11P	OR PRINT)	VIRG	INIA	L.	GAYLOR	D		DEA	ESTI-	10-25-	-84	,
SEX	4. RAC		DATE OF BIRTH		6. AGE (IN YEARS IF	UNDER TYR.	IF UNDER 24			MONTH DAY	Y YEA	AR 2d HOUF
F	emale B	lack	11 17	2 9	54 YRS.	ONTHS DAYS	HOURS /		AD AD	10-25-	-84	5:22
e. BI	RTHPLACE (STATE OR		Th CITIZEN OF WH		ITDV2 8	RRIED NEV	(ED A4 A DD4EC	9 BAL	IMORE CITY	OR COUNTY OF	DEATH	
S	REIGN COUNTRY)		U.S.A	Α.		OWED X	DIVORCED	_ D -	altimore	e City		MD
Baltimore			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2422 Ashland Avenue							PE OF WORK 12b K		BUSINESS
											OR INDU	STRY
	L RESIDENCE (IFINN	113b. COUNTY		VE RESIDENCE	OR TOWN	134 INSIDE CIT	TY LIMITS?	3e STREET AD	DRESS			
	arvland	156. COOKE			altimore		NO 🗌			nd Aven	lue	21205
	THER'S NAME	<u> </u>	MIDDLE			15. MOTHE	R'S MAIDEN		MIDDLE		LAST	
James			Robinson				ine	Ma			Jackson	
6e. V	AS DECEASED EVER				TAL SECURITY NO.	17 INFORM			ADDRESS			
	es, no, or unknown) nknown	(IF YES, GIVE W	AR OR DATES)	214.	-26-4157	Tame	e Gas	vlord	2422 4	Ashland	Av	enue
01	18 CAUSE OF DEA	TH (Enter only	one course per line			1 o a m c	. U Ga	, 1014	an The day A		APPROXIM	AATE INTERVAL
	PART I DEATH V	VAS CAUSED	BY: Se			r				BE	TWEEN ON	NSET AND DEATH
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Seizure disorder											
	DUE TO, OR AS A CONSEQUENCE OF											
	Canditians, if any, which gave rise to immediate (b)											
	cause (a) statin	g the under	DUE TO, OR	AS A CON	SEQUENCE OF							
	lying cause last											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)											
z	THE TOTAL CONTINUES CONTINUES TO DESIGN BOT NOT REFUTED TO THE TERMINAL DISEASE OF CONDITION PLAN IN LAND 11 PER 1 1 PE											
CERTIFICATION	19s. DATE OF OPER	ATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?								AUTOPS	SY2
CA	DAIL OF OPER	011011	178. CONDITION FOR WHICH OPERATION WAS PERFORMED!							20		
RTIF	O) SYTEDALA CO	IET WAS	211 7111 7 22	7 15 1 1 1 1 1 Ph	15.						YES [NO X
MEDICAL CE	210 EXTERNAL CAL		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PA							PART I OR PART 2)		
	UNDERLYING CONTRIBUTING				19							
	21d INJURY OCCUP	RRED	21e PLACE (ÖF INJURY TORY, FARM, E	(AT HOME, 21f	LOCATION		CITY O	RTOWN	COUNTY		STATE
	WHILE NO.	WHILE	31,170	anti, C								0.7.16
			of the rest in the	subod -	un hald a	topsy .	Inspection	X		ind in my apinian		
			of the remains des					-	(па іп ту аріпіал		
	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner ,											
	ACTUAL	Mari		1	UL.Ox	TITLE (SF				DATE		
	SIGNATURE MEDICAL EXAMINER DATE SIGNED										0-26	5-84
	EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street											
	(TYPE OR PRINT)		garita A.			ADDRESS						
	URIAL, CREMATION,	REMOVAL 231	10/31/8	4 23c 1	NAME OF CEMETER rbutus N	Y OR CREMATO	1 Pk	AT BUT		COUNTY	Md.	STATE
24 F	UNERAL DIRECTOR		,,						TRAR 25 BEG	SISTRAR'S SIGNA	ATURE	
	NAME	1 /	ADDRESS				OCT	2 9 198	1. 0.	Davidson-1		102
N'	m C Marc	h F/H	Inc, 1	101	E North	Avenue	201	- 0 130	7 /			

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 6 9 1

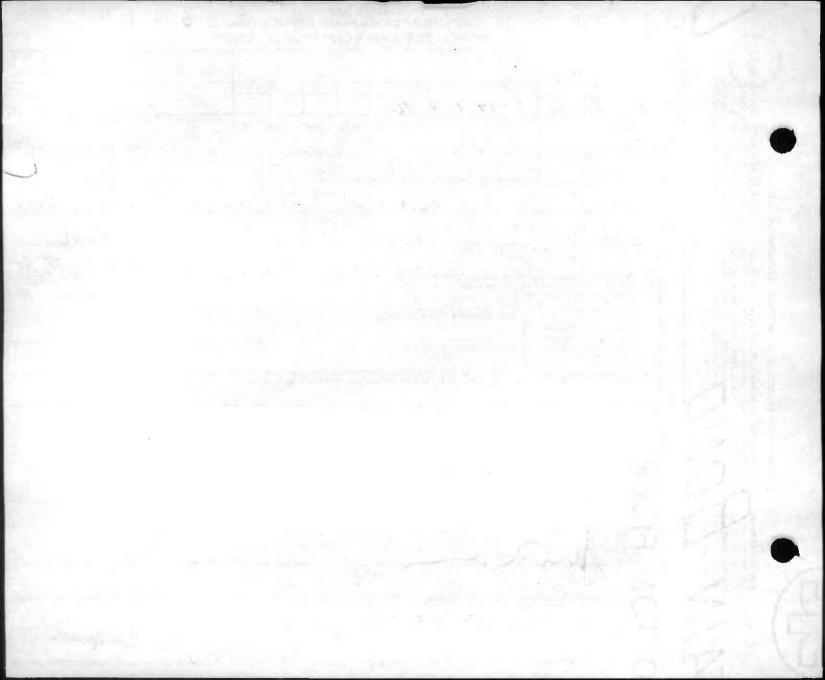


STATE OF MARYLAND



20M 4/82

STATE OF MARYLAND



Like 120 March 18 Mar ELECTIVE TO THE PROPERTY AND THE PROPERTY OF T death. Page 4 may be

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requires that the

ATTENDING PHYSICIAN: The low

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1	10	
	1	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	6	9	2	

-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
9	I. DECEASED NAME FIRST	WIDDIE	LAST		DAY YEAR 2b. HOUR
3	LLOY	YD M. G	SERBER	10-14-84	3º A.
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	MALE	WHITE	6-16-21 YEAR	63 yrs.	MONTHS BAYS HOURS MIN.
g	To. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER MARRIED	A DALITHACORE CITY OR COUNTY	OF DEATH
	NEW YORK	USA	WIDOWED DIVORCED		ITY MD
9	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	BALTIMORE	7909 PARK HO		ATTORNEY	AT LAW
5		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d INSIDE CITY LIMIT NO YES NO X	7909 PARK HTS.	
	FATHER'S NAME FIRST LAWRENCE	MIDDLE GERBER	15. MOTHER'S MAIDEI PEAR	MIDDLE	MICHAEL
7	160 WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	MRS. JANET AGERBER	
-		II-NAVY 073-14-	5292 7909 Park	Hts. ave. Balto.	, md 21208
	Conditions, if ony, which gove rise to immediate cause [61], stating the underlying cause last. PART 2 OTHER SIGNIFICANT OF DIABETS 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Mellitus	NSON'S DISES	TERMINAL DISEASE OR CONDITION GIV	
Ē,	DATE OF OFERATION	THE CONDITION FOR WHICH	TOPERATION WAS PERFORMED	IN CERTIF	FYING CAUSES OF DEATH?
2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES AT WORK NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH D	19 211 LOCATION	CCURRED (ENTERNATURE OF INJURY IN ITEM 18. P	
	sow the deceased alive an	otended the deceased from 0ctober 6 19 wiew the body after death.	and I	19 to October inion death occurred on the date and hou	19 8 4 , that (I) (we) lost or and from the causes stated
	Barney Jo	rel Stern	MD ATTENDIN	MEDICAL STAFF AN MEDICAL STAFF PHYSICIAN	10/14/84
	BARNEY J	TOEL STERN		UROLOGY - SINA	I HOSPITAL
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	0.000	NAME OF CEMETERY OR CREMATO CHIZUK AMUNO	BALTIMORE	COUNTY MARYLAND
	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS	5 TNC 1250	DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-stronsit permit. Then please remove carbon papers. P

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 stores are injury, or other traumatic event, the

injury, or other troumotic event, th

6010 REISTERSTOWN RD. BALTO. MD 21215

OCT 18 1984 Julia Savidson-Randale

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STATE OF MARYLAND

FOR

20M 4/82

Paryland Fritage George Laurel E 9379 Stitut Di. Di OT

Fennel Vagner P.D. on the Shreet

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TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by should be detached for use as the buriol-tronsit permit. Then please remove carbon oppin. Toges: I and 2 thould be fille with the Store Dept. of Health and Mental Hygiene prior to buriol, cremation as removal. [MPORTAIT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical grammer must be approximated. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or ottending physician.

BP DHMH - 16 50M 4/83 (VRA 15, 4)

ge 4 moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTINE

6 9

	-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		NO.	-		
-		CEASED NAME FIRST		MIDDLE	k	AST	20 DATE OF DEATH		DAY	YEAR	2b. HOUR
-	[1 YPE	ORPRINT) VER	A Wir	ginia	211	BRC	- 1	Lo	18	84	12.15PM
	3. SEX		4 RACE	gritta	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE		IF UNDER 24 HRS
1		emale	B.	ack	HTMOM		4.7		MONTHS	DAYS	HOURS MIN.
	Zo Bi	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CIT	Y OR COUN		ATH	
1		COUNTRY		C		D NEVER MARRIED		LIMO		CI	71
2		aryland	U .	HOSDITAL NUIDSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUP			- (F BUSINESS OR
5	E	Baltimore	(IF NOT IN SUI	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MC	ST OF WORKING	GLIFE) IND	USTRY	Good itan Hos
5	130. S	AL RESIDENCE (IF NURSING HOME STATE 13b COL	OR OTHER INSTITUTION JNTY	130. CITY OR TOW	Ν	YES NO	130 STREET ADDRES	SS / ZIP CC		ve	21216
٦	14. F.A	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	. 0		ŁASI	
0		Samuel	Mode	Lewis		Pearl	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				drow
		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	292	8 C11	fton	Aver	nue
-		YES, NO OR UNKNOWN) IF YES, (GIVE WAR OR DATES)	213-36	,-6251	Donald W. Gil					and 21216
		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a) (b) one	d (c)						MATE INTERVAL
П		PART I. DEATH WAS CAUS	SED BY	Rest:	4 4	ney Fail	ulio-			0	lans
-1											
1		Conditions if any which							114	ear	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQUE	NCE OF	RiberThere	or eller	ion	~	lye	car
	7		CONTRACTO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN IN F	PART 110) '
	2										
1	TIFICATION	19a DATE OF OPERATION			OPERATIO	n was performed	200 AUTOPSY?	IN CER	YES, WERE	FINDIN	IGS USED OF DEATH?
7	CAL CERTIFICATION		19b. COND	DITION FOR WHICH			YES NO	IN CER	YES, WERE RTIFYING O	AUSES	OF DEATH?
1	MEDICAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	19b. COND 19b. COND 19b. TIME C HOUR A 46R) 21b. TIME C	OITION FOR WHICH OF INJURY .M. MONTH DA	AY YEAR	n was performed	YES NO	IN CER	YES, WERE RTIFYING C YES []	AUSES	OF DEATH?
1		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOT BY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTR	21b. TIME C HOUR A LEATH P 21e PLACE (AT HOME S1	OF INJURY .M. MONTH D. .M. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 ARM ETC)	N WAS PERFORMED 21c. HOW INJURY OCCURI	YES NO	IN CER	YES, WERE TIFYING C YES 18 PART FOR	PART 2)	OF DEATH? NO STATE
		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE CAUSE OF T	21b. TIME C HOUR A LEATH P 21e PLACE (AT HOME S1	OF INJURY .M. MONTH D. .M. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 ARM ETC)	21c. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF	IN CER	YES, WERE TIFYING C YES 18 PART FOR	PART 2)	OF DEATH? NO STATE
		19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (1) FETHER NOTIFY MEDICAL EXAMINATION OF THE AT WORK NOTIFY MOOR AT WORK 22a, 1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b, SIGNATURE AT WORK) 22d, PHYSICIAN'S NAME (1)	21b. TIME COND DEATH HOUR A P 21e PLACE (AT MOME ST DO 11 DO 11 DO 14 DO 14 DO 14 DO 14 DO 15 DO 16 D	OITION FOR WHICH OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F ofter decth.	AY YEAR 19 ARM ETC)	211. LOCATION SIREET 211. LOCATION OF THE PROPERTY OF THE PRO	YES NO RED CENTER NATURE OF	R TOWN C date and I	YES, WERERTIFYING COMPANY TO THE PART FOR TH	PART 2) UNITY Om the	STATE that (l) (we) lost causes stated
1	WEDICAL MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF B (IF EITHER, NOTIFY MEDICAL EXAMP 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP SHA HID A BURIAL, CREMATION, REMOVE)	21b. TIME COND 21b. TIME COND 21c PLACE (AT HOME SI 21c PRINT)	OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, F ofter deoth.	AY YEAR 19 ARM ETC)	211. LOCATION SIREET 211. LOCATION OF THE PROPERTY OF THE PRO	YES NO RED CENTER NATURE OF CITY OF CI	R TOWN C dote and I	YES, WERE THEYING OF YES 18 PART LOR	PART 2) UNITY LOM the c. DATE 10	OF DEATH? NO STATE that (i) (we) lost causes stated SIGNED
	WEDICAL MEDICAL	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER NOT HEY MEDICAL EXAMING AT WORK 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. 1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYP)	21b. TIME COND 21b. TIME COND 21c PLACE (AT HOME SI 21c PRINT)	OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F ofter deoth. 19 23.6.19	AY YEAR 19 ARM ETC.)	211. LOCATION SIREET 211. LOCATION SIREET 212. LOCATION SIREET ATTENDING PHYSICIAN 222. ADDRESS CON	YES NO RED CENTER NATURE OF CITY OF DIRECTION PHY	IN CER	YES, WERERTIFYING COMPANY TO THE PART FOR TH	UNITY Om the C. DATE 1 0	STATE that (l) (we) lost causes stated

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STATE OF MARYLAND

Person With Col. 20,1907 76

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235-10-8642 (dereld & Offmon boings Hills, Dd. 2311

Non- 25,1984 Pentyley Memorial Says Baltimore, Maryland

. W. . Tiller engly The

5	1 - FOR STATE REGISTS	LAR		DEPART	MENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HEG	IENE 2 6	TO THE REAL PROPERTY.
	I DECEASED N	RAME FIRST		MIDDLE	L	AST		2a. DATE OF DEATH	MONTH DAY
90	1	Till	ie	-	Gild	en	100	October	21
96 4 HO	Sex Femal		4 RACE Wh	ite	5. DATE C	ust 28,	YEAR 1900	6. AGE (IN YEARS LAST	BIRTHDAY) IF C MON YRS.
eoth. Po in 72 hou	5 BIRTHPLACE COUNTRY) ME Balti	ryland more	76 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MA	RRIED RCED	9 BALTIMORE CITY Baltin	Y <u>OR</u> COUNTY OF nore City
os rs ofter d by the fu filed with		wn of DEATH		HOSPITAL, NURS		R OTHER INSTITU	NOITU	12a. USUAL OCCUP. (TYPE OF WORK FOR MOS Housewif	ST OF WORKING LIFE)
AND 212 AND 212 AND 212 filled in nould be	USUAL RESIDE	NCE (IF NURSING HOME 13b COI		13c. CITY OR TO		13d INSIDE CITY YES 📆 N	LIMITS?	513 S. We	olfe St.
MARYLAND red within 24 mpletely fille and 2 should exchiner mu	\ -	RST	Milton	Gierc	zak	15. MOTHER'S M FIRS Ma		Ant Middle	
BALTIMORE, one be execu- sicion and coppers. Pages 1 vol. 1, the medical	160 WAS DECE (YES, NO OR U	ASED EVER IN U.S. A	RMED FORCES?	213-03-		17. INFORMANT Rita Gi		k 513 S. W	Nolfe St.
PRESTON ST., BALI ne death certificate the attending physicia maye carbon papers motion, or removal.	Condition	ons, if any, which	DUE TO, O	CASA RAS A CONSEON	JENCE OF	u Co	ator	cry for	here
res that the place of the place	underly PART 2	(a), stating the ing cause last.	(c)	ONTRIBUTING TO	ron	NOT RECATED TO	THE TERM	INALDISEASE OR CO	ONDITION GIVEN
CORDS requirer signature to be ny injur	NO IN DATE	OF OPERATION	19h COND	ITION FOR WHIC	HOPERATION	N WAS PERFORM	JED.	280 AUTOPSY?	20h IF YES, W

Morowski 21231 APPROXIMATE INTERVA IVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFIC FUNERAL DIRECTOR. After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 21 is marked or Item 18 shaws retained by the haspital or attending physician. NOT YES [NO [ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR ATTENDING PHYSICIAN HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an Labave, (1) (we) (did) (did not) vi DEGREE 22c. DATE SIGNED MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN TO HOSPITAL 22d. PHYSICIA 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) COUNTY BP. Burial Oct.24,1984 Holy Rosary Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Killen Randall Lilly & Zeiler Inc. 1901 Eastern

DHMH - 16 60M 7/73 (VR A 15 (4))

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198 DAYS

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Baltimore 2123

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STATE OF MARYLAND

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2	0	10	Size	-

		OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST	NNIE . G	912es		ONTH DAY YEAR 25 HOU
3 SEX Female	Black 0	12" - 16" - 1880	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS HOURS
BIRTHPLACE (STATE OR FOREIGN GOUNTRY) Maryland	U.S.A. WIDO	RRIED NEVER MARRIED OWED DIVORCED	Baltimore City OR	re
Baltimore		ORL CENTER	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
130. STATE Maryland 13b. C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS OUNTY	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 6816 Rieste	zip code 2/2/ erstown Rd
14. FATHER'S NAME Dorie Dorie	NODIE Douglas	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
160 WAS DECEASED EVER IN U.S. (18 YES, NO OR UNKNOWN) (18 YE	S. GIVE WAR OR DATES)	Nellie Corri	sh ECI viyno	
20				ITION GIVEN IN PART 110
No DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	G 716 TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\text{NO} \)
210. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY HOUR A.M. MONTH DAY YI MINER) P.M.	21c. HOW INJURY OCCUR	YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO NITEM 18. PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICALED AT WORK	G TABLE OF INJURY HOUR A.M. MONTH DAY YI P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETG.)	EAR 19 211. LOCATION	YES NO	706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NOTES IN THE MILE AND THE MIL
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OR CONTRIBUTING CAUSE OF THE PROPERTY MEDICALEXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that N (this I saw the deceased always obove, N) (we) (did) (d) 272b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YI P.M. 21e. PLACE OF INJURY (AT HOME, SIREEI, FACTORY, OFFICE, FARM, ETC 100 point of the deceased from 100 per on 100 per	211. LOCATION SIREET 211. LOCATION SIREET , ond that in Inv.) (our) opinion DEGREE ATTENDING PHYSICIAN [77e ADDRESS	YES NO CHIER NATURE OF INJURY CITY OR TOW CITY OR TOW CONTRACT CONTRACT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO COUNTY STORY OF THE COUNTY STORY OF TH
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DHMH - T6 50M 4/83 (VRA 15, 4)

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etained by the hospital or attending physician.

Kennery E Commerce Co. S. Charles

completely filled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT. If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the

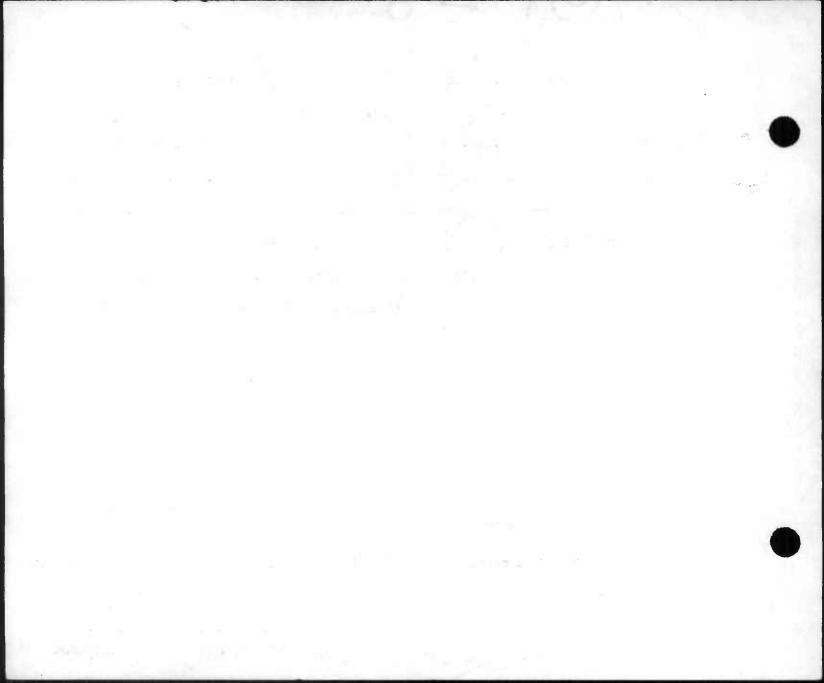
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2692

13	■ STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
	ECEASED NAME FI	757	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	25 HOUR		
4"	Chris	tian W.	Gischel			October 27	, 1984	7:00 P M		
3.5	EX	4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE			
	Male	Whit	te	Dec		74	YRS	3 1.00.3		
	BIRTHPLACE (STATE OR FORE)	1.7	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF DEATH			
1	Maryland	U.S.		WIDOWE	D DIVORCED	Balt	imore City	MD.		
4	altimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET / Falls Ro	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Lab. Te	OF WORKING LIFE) INDUSTR	per		
USI 130	UAL RESIDENCE (IF NURSING F	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
2	Md		Baltimo		YES NO		lls Rd. 212	11		
14.1	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST		
	Harry Gisc				Sophia Eis	ser				
160	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	55			
	no	TES, GIVE WAR ON DATES	213 05 4	122	Josephine	H. Gischel	same			
	18 CAUSE OF DEATH IE		line for (a), (b), and	d (c			APPR BETWE	OXIMATE INTERVAL IN ONSET AND DEATH		
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)		Cance	none of gal	Bladden	9-	17-84		
1		DUE TO O	r as a conseque	NCE OF	0 /					
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (16)								
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse l	ost (c)								
1_		CANT CONDITIONS CO	DATRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	lia		
CERTIFICATION							E			
3	190 DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED ES OF DEATH?		
7 €						YES NO	YES 🗌	NO []		
		110110 1	FINJURY M. MONTH DA	YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 7	71		
/ ह	(IF EITHER NOTIFY MEDICALE	E OF DEATH		19						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM FTC 1	211 LOCATION STREET	(ITY OR TO	OUNTY	STATE		
2	AT WORK NOT WHILE		ett ractort office i	and the f						
	22s I certify that (I) (thi			9	-17-8419	10 10-3	19.84	_, that (we) last		
	sow the deceased a above, (I) (we) (did)	live on	7 - 4 19	or	nd that in Imy (our) opinion	death accurred on the d	ate and how and from t	he causes stated		
	226 SIGNATURE	can w			DEGREE			TE SIGNED		
	"Reube	Alexand	in	m.	D ATTENDING PHYSICIAN 2	MEDICAL STA	CIAN []	3-29-84		
	224 PHYSICIAN'S NAME				22e ADDRESS					
	Dr. Reu	ben Hoffman	ח		846 W. 3	6th Street	21211			
230	BURIAL, CREMATION, REA			AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
	Burial	10/31,	/84 Lo	rrain	e Park Cemete		n Balto, Co	. Md		
	FUNERAL DIRECTOR		ADDRESS		25a DAT	E REC'D. BY REGISTRAR	356 REGISTRAR'S SIGN	ATURE		
	Burgee-Henss	Funeral Hor	ne, 3631	Falls	Rd. 212110CT	3 0 1984	- ha Davidson-1	Authorite		

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or



and completely filled in by the funeral director, page 3 ages yand 2 should be filed within 72 hours after death

death certificate be executed within 24 hours after

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYMENE

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6.0	J	3	2	4

	- STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 76. HOUR
I.	JOSEP!	H M	GLANCY	10	28 84 10:00P _M
3.	Male Male	4. RACE White	5. DATE OF BIRTH MONTH—17—1907 YEAR	6. AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTY) COUNTY) COUNTY) COUNTY COUNTY	76 CITIZEN OF WHAT COUNTR U.S.A.	Y? MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C	
	DALTINADE	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION EET ADDRESS)	170. USUAL OCCUPATION	ORKING LIFE) INDUSTRY
	BALTIMORE ISUAL RESIDENCE (IF NURSING HOME OF		e, Maryland 21218	Vispatcher-Re	7
1	30 STATE 136 COUL	Balto.		NAME 5761 Hazel	
	Thomas C	MIDDLE LAST	Margare	t Barden MIDDLE	200000000000000000000000000000000000000
16		MED FORCES? 16b. SOCIAL SE VE WAR OR DATES) 218 05	44	cia R Glancy	761 Hazelwood (ircle Balto, Md21206
	PART I. DE ATH WAS CAUSE	nly one couse per line for 101, (b),	ondical PULMONARY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			DUENCE OF O DEATH BUT NOT RELATED TO THE TI		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES X NO
_	OR CONTRIBUTION CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IF	NITEM TE PART (OR PART ?)
	(IF EITHER, NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	(E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that XX (this hasp saw the deceased alive or above. (I) (XX) (did) (did no	ot view the body after death.	n_OCTOBER_T1, 19 <u>84</u> 2_84, ond that in XX (our) opin	, to OCTOBER	28 , 19 84 , that (X (we) last and hour and from the causes stated
	22b. SIGNATURE HARRY OKEN 1		DEGREE ATTENDING PHYSICIAN		222 DATE SIGNED 10/30/84
	TA OC	N W	VAMC, Balt	imore, Marylan	id 21218
2:	30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 11 1 01	Gardens of Faith (em Balto	COUNTY STATE
2.	John (. Miller	Inc6415 Delai	n Rd21206	CT 3 1 1984 gu	ha Davidson Mandage

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

retained by the hospital TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detacked for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shaws any

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUENE CERTIFICATE OF DEATH

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REG	NO.		

(IIIFE	OR PRINT)	are Ela	ulanti	2a. DATE OF DEATH	1/ 100/	UR
1. SEX)/4//	RACE S. DATE O	DF BIRTH	6 AGE (IN YEARS LAST BIR		R 2-0
M	14/5 /	NHITE JAN	1. 10 1929	53	YRS.	^
	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	17.
m	ARYLAND	U.S.A. WIDOW	DIVORCED	BAKTIM	ORE CITY	
III.CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GWY STREET ADDRESS)	OR OTHER INSTITUTION		F WORKING LIFE) INDUSTRY	ESS
D	AL PESIDENCE HE NURSING HOME OR OLD	JOHNS HOOKIN	S HOSPITAL	CLAIM SUP	ERVISOR MAIP	
	ARILAND BALT	MORA REELAND	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	TIDDIETOWN RI	0
14. FA	ATHER'S NAME FIRST MIDI	DLE LAST	15 MOTHER'S MAIDEN NAM	KIDDLE L	LAST	
160 V	YAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY NO.	17/INFORMANT	ADDRE	ss (3/n	5
(1	YES NO OR UNKNOWN) (4 YES, GIVE W		HELEH GLO	WACKI 19	1605 MIDDLETAUX	1
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line for (a), (b), and (c).)	1: 1. 1	1 1	APPROXIMATE INTE	RVA D DE
	IMMEDIATE C		les oras l	me.		-
		DUE TO, OR AS A CONSEQUENCE OF	Can a 6	1. 12 1)	S Car E	
	Conditions, if ony, which gove rise to immediate	(b)	Conan a	tury on	10517	
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 110.	
NOI	underlying couse lost.	(c)	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART 110	
IFICATION	underlying couse lost.	(c)		20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	TH
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moy be

1.	FOR STATE			DEPAR	RTMENT OF H		RYLAND ND MENTAL HYG OF DEATH	ĮENE	2 6	9	3	1	
1. DEC	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	PEAIN	26. DATE OF	REG. NO	D. MONTH	DAY	YEAR	2b HOUR
	OR PRINT)			2	a	,				- 0	7	81,	9.20
3. SEX	Olivi		ACE	ude	5. DATE C	OF BIRTH	AY YEAR	AGE (IN)	EARS LAST BIRT	HDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
	Female			casion	8	21	02	82	br ZITY O	YRS.	TV OF D	FATU	
	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTR	MARRIE	D NE	ER MARRIED	9 BALTIMO	KE CITY O	K COUNT	TOFU	EAIN	
)0 CI	aryland TY OR TOWN OF DEAT	1		A HOSPITAL, NUR THEACILITY, GIVE STR			DIVORCED	120 USUAL	occupation maker	NC	128		MD F BUSINESS OR
	Baltimore AL RESIDENCE (IF NURSIF		St.	Agnes	Hospi	tal		Trome	maker				
13a. S Ma	aryland	Balti		13c. CITY OR TO Arbut	NWC	YES.		13e.STREET .		ZIP COI		Rd	21227
1	THER'S NAME FIRST James		dmond		nagan		Anna	WE	WIDDLE			St	riegel
160 W	VAS DECEASED EVER II YES. NO OR UNKNOWN) NO	U.S. ARMED (IF YES, GIVE WA			0-3806	Fra:	rmant ncis D. G	oodric	h, Sr	21.	227 35 A	shbo	urne Rd
	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse	ediote		r as a consec			otic care						
N	PART 2. OTHER SIGN	IFICANT CON	IDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT REL	ATED TO THE TERM	VINAL DISEAS	E OR CON	DITIONG	IVEN IN	PART 10	0.
CERTIFICATION	19a DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION W			N WAS PERFORMED 200 AUTO					FINDINGS USED AUSES OF DEATH?		
	210. ACCIDENT WAS UNDE OR CONTRIBUTING C	AUSE OF DEATH	OF DEATH HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ED IE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)			21f. LOC	ATION		CITY OR TO	WN	C	OUNTY	STATE
	22a. I certify that (I) (this haspital) attended the deceased Iram						ed on the do				that (I) (we) lost couses stated		
	A. MIN	cirlis	ŕ			DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		/ 2	10/	SIGNED / PY
	22d. PHYSICIAN'S NA	4	ULI	is		22e AD	St. Agnes	Hospi	tal				1
	BURIAL, CREMATION, F		36. DATE 10/5/				or crematory al Cem.	Ba1t	ation ortown imore		COU	NTY I	Mary l'a'nd

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the haspital ar attending physician.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Julia Davidson-Randell.

- Indiana reach the decide and a second control of the second control o

edith. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fulfitight director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofte retained by the haspital or attending physician.

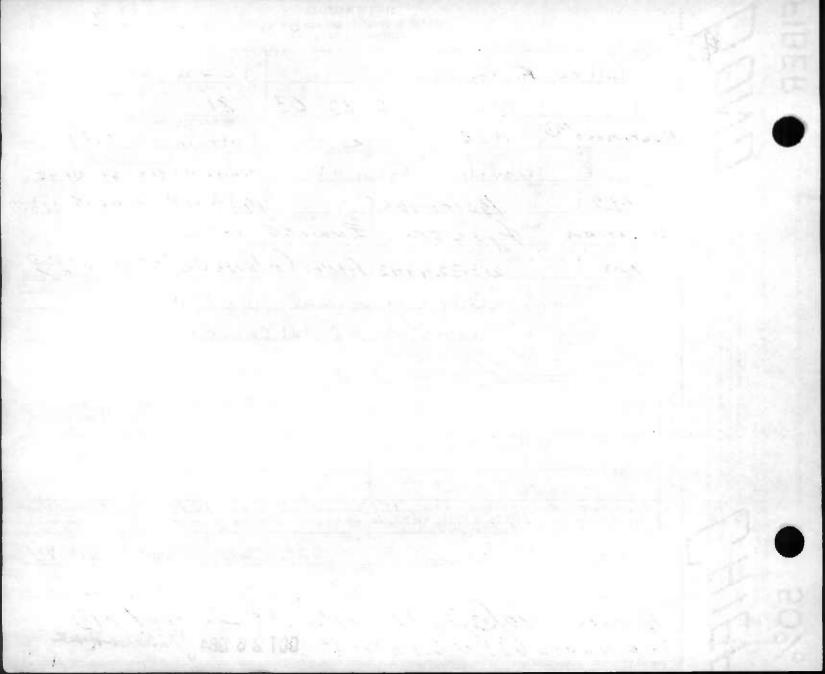
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

1	4	63	3	2
5)	0	9	2.5	Sca.

	- STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	MIDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
(1117)	LilliAN 1	F. Gordon		10-1	5-84	8:08	
3. SE		RACE 5. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BI			
	F	Black 6	3 03	81	YRS. MONTHS DAYS	HOURS	
7a. B	IRTHPLACE (STATE OR FORESEN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED D	9 BALTIMORE CITY	OR COUNTY OF DEATH		
	A LTIMOLE 12	1/1/5/1/	RIED NEVER MARRIED WED DIVORCED	Baltin	nove Ci	14	
10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOM		12a USUAL OCCUPAT	10N 12b. KIND (OF BUSINESS	
B	altimore	(# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	121.03	Hong 6 M		ela mo	
	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO				74 9	
130.	STATE MA 3 136. COUNTY	13L CITY OR TOWN	YES NO NO	130.STREET ADDRESS	TIP COPE	6	
14 F/	ATHER'S NAME	130/19/04	15 MOTHER'S MAIDEN NA	MF 9 / N	10170040	21	
		DDLI CLAST	FUERST CO	- MIDDISP	SON IA	51	
_	•	13/40/0	2,000,00	ADDR			
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT	1-1	Flato 7 Lov	11150	
	M	213-32494	3 HINAS CO	IEMAN	10/2000	1	
9	18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).			APPRO: BETWEEN	ONSET AND DE	
111	PART I. DEATH WAS CAUSED I	L. V. A A	Imonary	Avres	1		
						1000	
		DUE TO, OR AS A CONSEQUENCE OF	0 1.1	1.			
	Conditions, if ony, which	(16) Milas-147	10 10ctal	CANCEY			
	gove rise to immediate						
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF					
	onderlying Coose lost.	(c)					
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	0	
CATION							
¥	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	NGS USED	
巫	BURGERS STORY			YES NOT	IN CERTIFYING CAUSE	OF DEATH?	
CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR			NO L	
	OR CONTRIBUTING CAUSE OF DEATH	THOUSE AND MONITH ON WELL	AR	LED LENIER MAIORE OF 1430	JAT IN TEM IS PART I ORPART 2)		
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 1					
0		21e. PLACE OF INJURY					
9	21d. INJURY OCCURRED		211. LOCATION STREET	CITY OR TO	YINUO COUNTY	STATI	
MEDICA		(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)		CITY OR TO	YINUO	STATI	
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TO			
ME	WHILE NOT WHILE AT WORK 27a.1 certify that (1) (this hospital	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)) ottended the deceosed from	2/3 , 19_5 ¥		118 19 87	that (I) (we)	
ME	WHILE AT WORK 220.1 certify that (1) (this hospital sow the deceosed alive on obove, (1) (we) (did) (did not)	(ATHOME STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from	ond that in (my) (our) opinion		18 19 57 lote and hour and from the	that (I) (we)	
ME	WHITE NOT WHITE AT WORK 22a.1 certify that (1) (this hospital sow the deceased alive on	(ATHOME STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from	ond that in (my) (our) opinion DEGREE	, to/ O , death occurred on the d	18 19 8 4 lote and hour and from the	that (I) (we)	
ME	WHILE AT WORK 220.1 certify that (1) (this hospital sow the deceosed alive on obove, (1) (we) (did) (did not)	(ATHOME STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from	ond that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the d	lote and hour and from the	that (I) (we)	
ME	WHILE AT WORK 220.1 certify that (1) (this hospital sow the deceosed alive on obove, (1) (we) (did) (did not)	(ATHOME STREET, FACTORY, OFFICE, FARM ETC.)) attended the deceosed from 19.54 view the body after death.	ond that in (my) (our) opinion DEGREE	, to/ O , death occurred on the d	lote and hour and from the		
ME	WHILE AT WORK 220.8 certify that (I) (this hospital sow the deceased alive on obove, (I) (we) (did) (did nat) v 226. SIGNATURE 224. PHYSICIAN'S NAME (TYPE OR PER 1990)	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from 19 8 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	lote and hour and from the	that (I) (we)	
ME	WHILE AT WORK 220.1 certify that (I) (this hospital sow the deceosed alive on obove, (I) (we) (did not) v 226. SIGNATURE	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)) ottended the deceosed from 19 8 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	lote and hour and from the	that (I) (we)	
	WHILE AT WORK 270.1 certify that (I) (this hospital sow the deceosed alive on above. (I) (we) (did) (did nat). 270. SIGNATURE 271. PHYSICIAN'S NAME (TYPE OR P.	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 5 4 View the body after death.	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the d	lote and hour and from the	that (I) (we) couses stated SIGNED	
	WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) with the second state of	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 5 4 View the body after death.	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS	deoth occurred on the d	lote and hour and from the	that (I) (we) couses stated SIGNED	
23a. I	WHILE AT WORK 270. I certify that (I) (this hospital sow the deceosed alive on obove, (I) (we) (did) (did nat). 270. SIGNATURE 271. PHYSICIAN'S NAME (TYPE OR PORTION) BURIAL CREMATION, REMOVAL (SPECIAL)	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 5 4 View the body after death.	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STADIRECTOR PHYSICAL P	lote and hour and from the CIAN D (22). DATE	that (I) (we)	
23a. I	WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) with the second state of	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 5 4 View the body after death.	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS	deoth occurred on the d	lote and hour and from the CIAN D 221. DATE (O)	that (I) (we' couses state SIGNED	

DHMH - 16 50M 4/83 (VRA 15, 4)



5 1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH REG. NO.
1. DECEASED NAME FRST MIDDLE (TYPE OR PRINT) AUGUST Hube	ert Gotze 20 DATE OF DEATH MONTH DAY YEAR
3. SEX Male Who	5. DATE OF BIRTH MONTH DAY YEAR 0 4 29 02 82 YRS. S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF BIRTHDAY IF UNDER 1 YEAR MONTHS DAY S. DATE OF BIRTHDAY IF UNDER 1 YEAR S. DATE OF BIRTHDAY IF UND
GERMANY U.S.A	MARRIED NEVER MARRIED Baltimore Cit
Baltimore Francis	TAL, NURSING HOME OR OTHER INSTITUTION ITY GIVE STREET ADDRESS! Scott Key Med. Cen. Mech. Repairman +
Maryland Baltimore 7	ITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 10 W 305 E JODAA RO
P G CARL A MIDDLE	Gotze 15. MOTHER'S MAIDEN NAME FIRST UNKNOWN
	1-01-5616 Lewis Gotze ADDRESS
18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erolopulmonary arrest in
Conditions, if ony, which gove rise to immediate	Metastatic colon canter 10
underlying couse lost.	CONSEQUENCE OF
137 - 2nd degree pur	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART S COUNTY 17/15 OF BODY SUFFLIE CO FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FIN IN CERTIFYING CAUS

12h KIND OF BUSINESS OR INDUSTRY ma 10 months GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? COlon Co (41/184 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH MONTH YEAR HOUR A.M. DAY MEDICAL 1984 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22s.1 certify that (I) (this haspital) attended the saw the deceased alive on above. (I) well did (did not) view the body after death el from the couses stated 22c DATE SIGNED DEGR 23b DATE 10-250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE OCT 8 1984 Junia Davidson-Re ina Davidson Bondall

2h HOUR

IF UNDER 24 HRS

84

05 IF UNDER I YEAR

BP DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-tronsit pe with the State Dept-of Health and Mental Hygiens

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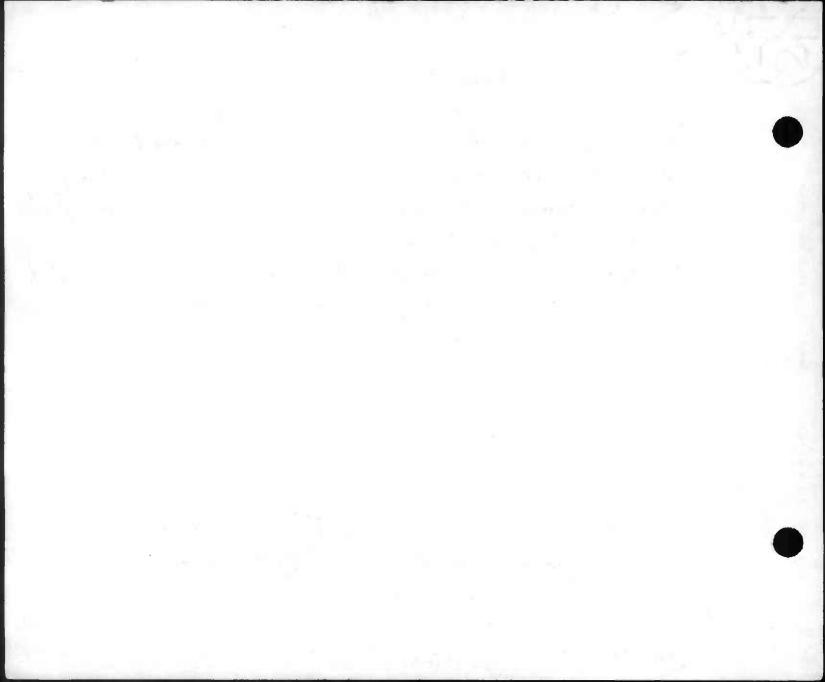
MPORTANT: If Item 21 is marked or Item.

After this certificate ha

TO FUNERAL DIRECTOR.

ATTENDING

HOSPITAL



completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbanpopers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital or attending physician.

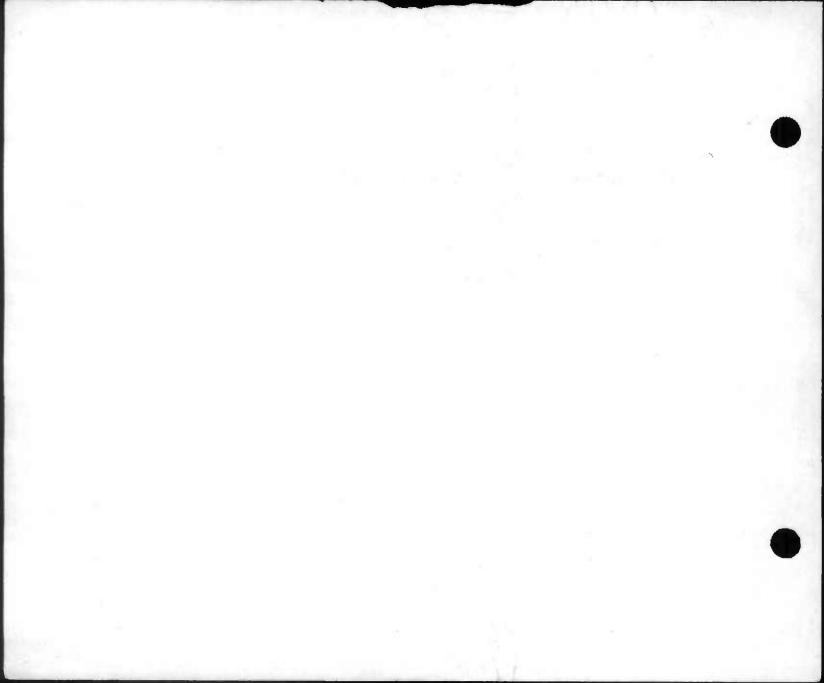
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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60	U	1		1

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	Ο.	
	EASED NAME FIR		MIDDLE	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
TYPE C	EN EN	OCH	GRA	IHAM		0 13 84	11,45/
3 SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	IF UNDER 24 H
	Male	Bla	ack 4	9 16	68	YRS	HOURS
	THPLACE (STATE OR FOREIG		WILLAT COLUMNITOVA	NEVER MARRIED		R COUNTY OF DEATH	,
	ountry) /irginia	Ţ	JSA WIDOWE	_	Bal	timere (i)	ty
	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME O		120 USUAL OCCUPATI		BUSINESS
10	altimore		on Secours H	ospital	TIME OF WORK FOR MOST C	WORKING TIPE) INDUSTRI	
USUA	L RESIDENCE FILE NURSING H	IOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)		LA CERCET ADDRESS	/ 7/B CODE	
13o. S1	MD 136.	COUNTY	Baltimore	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	evin Road	21229
14. FA1	THER'S NAME			15. MOTHER'S MAIDEN NA	WE		
	FIRST	WIDDLE	Graham	Opheli	MIDDLE	Knid	
IAn W	William AS DLCLASED EVER IN U	S ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	ESS	III
	ES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES)	225 12 525		Craham	811 Kevin	5.d
	No	····	225-12-525	р петен м	i, Grandill	APPROX	MATE INTERVA
	18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one cause per	//	0 , 70	(a - a (b a)	BETWEEN	ONSET AND DE
1 1		AEDIATE CAUSE (a)	Terminax	Cancer 2°	(ariul	7-	
CERTIFICATION	PART 2. OTHER SIGNIFIC		ONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
1 8	210. ACCIDENT WAS UNDERLY	ING 216. TIME C		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
	OR CONTRIBUTING CAUS		.M. MONTH DAY YEAR .M. 19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION	CITY OF TO	OWN COUNTY	STAT
Ž	WHILE NOT WHILE	[AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	10/ 0/	// /5	1.5	
	220 I certify that (I) (4b)	s-haspital) attended t	ge deceased fram	101 19 8	E. to		that (I) (we
	saw the deceased a	/ / /	13 1984 0	nd that in (my) (aur) apinian	death accurred an the d	ate and have and from the	causes state
	22h. SIGNATURE	factuall view the pady	oner dedin.	DEGREE			SIGNED
	Ku	wy ugen	Huy	M.P. ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN .	13/8
	27d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	2 -	11	
2	KUA	NG-YEN	V HUANG	BUN	Lecou	140 mg	2
	URIAL, CREMATION, REA	AOVAL 236 DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR LOWN	COUNTY	STAT
(:	Burial	10/	18/84 Kind	Memorial :	Park F	Randallsto	wn MD
24 FU	INERAL DIRECTOR	March F/F	ADDRESS	250. DA	TE REC'D. BY REGISTRAF	256 REGISTRAR'S SIGNA	TURE
	Wm. C. I	Harch F/I	1101 E, N	orth Ave Cl	1 5 1984	wha wandson	andelle



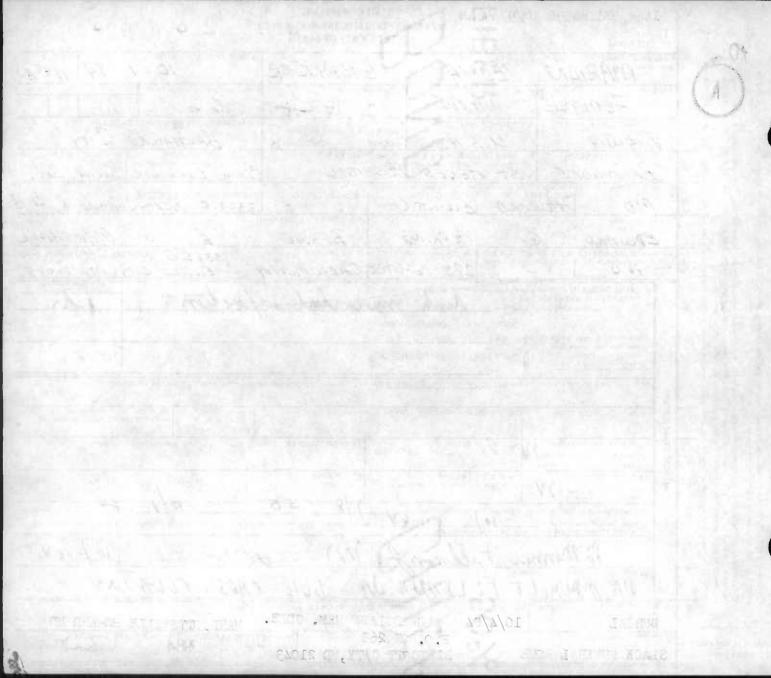
within 24 hours ofter death

require that the death certificate be executed

TO HOSPITAL OF ATTENDING PHYSICIAN. The low retriened by the hospital or ottending physician.

BP_____ DHMH - 16 50M (VRA 15, 4)

8	Item 5FilmG596] FOR STATE REGISTRAR	.0/9/84JAB DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		9 3 5
1	I. DECEASED NAME FIRST (TYPE OR PRINT) PARIAN	EDNA	ERANGER		ONTH DAY YEAR 26 HOUR 0 1 84 1140 AM
	J. SEX FEMALE	WH ITE	5. DATE OF BIRTH MONTH DAY YEAR TAR	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS: DAYS HOURS MIN.
25	Jo. BIRTHPLACE (STATE OR FOREIGN CONFIRM)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTI	MORE CITY MD.
by the rilled with	BALTIMORE/	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FICILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDAYSS) TOSPITAL	12a USUAL OCCUPATION LYPE OF WORK FOR MOST OF V LAIMS EXAM	NORKING LIFET INDUSTRY
auld be	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE			130.STREET ADDRESS / 3	ZIP CODE CHRISTIAN RD 21043
ond 2 sh	I down a sum of	HODE HOPKIN	15. MOTHER'S MAIDEN NAM BESSIE	MIDELE	MAKSHALL
Poges 1	160 WAS DECEASED EVER IN U.S. AR	WAR OR DATES!	URITY NO. 17 INFORMANT -8788 CHERYL MURPH		TCITY, MD 21043
by the orientum se remove corb I, cremotion, or		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO		INAL DISEASE OR CONDI	TION GIVEN IN PART To
Day on A	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
101010	OR CONTRIBUTING CALLES OF DEA	*	DAY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
on the bur this and Me norked or h	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOW	1, 4
d for up	sow the deceased alive an above, (1) (we) (did) (did not 22b, SIGNATURE	al) attended the deceased from. 10 11 12 13 14 15 16 17 18 18 19 19 19 10 10 10 10 10 10 10		death occurred on the dole	e and hour and from the causes stated
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MPORTA	DR MOURL	FFELDMA	IN JIP GUID	choss co	UNTLY
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	10/4/84 CI	NAME OF CEMETERY OR CREMATORY RESTLAWN MEM. GDNS.	MESTRETOTIO	
6 50M 4/83 15, 4)	24 FUNERAL DIRECTOR SLACK FUNERAL HO	P.O. I	BOX 268 250 DAT COTT CITY, MD 21043	OCT 2 REGISTRARIZA	b. REDISTRAR'S SIGNATURE



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MPORTANT

24 FUNERAL DIRECTOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT ALL HYOTENE
CERTIFICATE OF BEATU

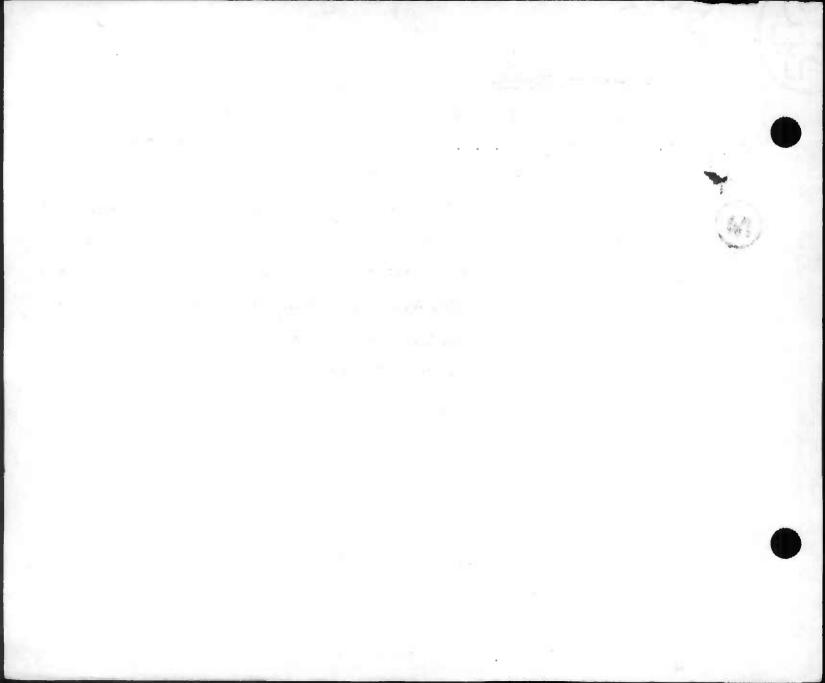
FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2b HOUR DECEASED NAME LAST 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS 4. RACE MONTH 11 1.2 02 YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED COUNTRY S. Carolina BALTIMORE CITY. U.S.A. WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE BON SECOURS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13e. STATE 13b COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 1923 W. North Ave. 21217 Baltimore YES TX Maryland 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST LAST EIRST AND DUE MIDDLE Jacob Grate ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 244-20-9718A Helena Grate 1923 W. North Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from, 10 10126 sow the deceased alive on above, (I) (we) (did) (and no) view the body after death _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURI ATTENDING MEDICAL PHYSICIAN + DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE Md STATE Baltimore. 11/2/84 BURIAL

DHMH - 16 50M 4/B3 (VRA 15, 4)

Eastview Mem. Pk.

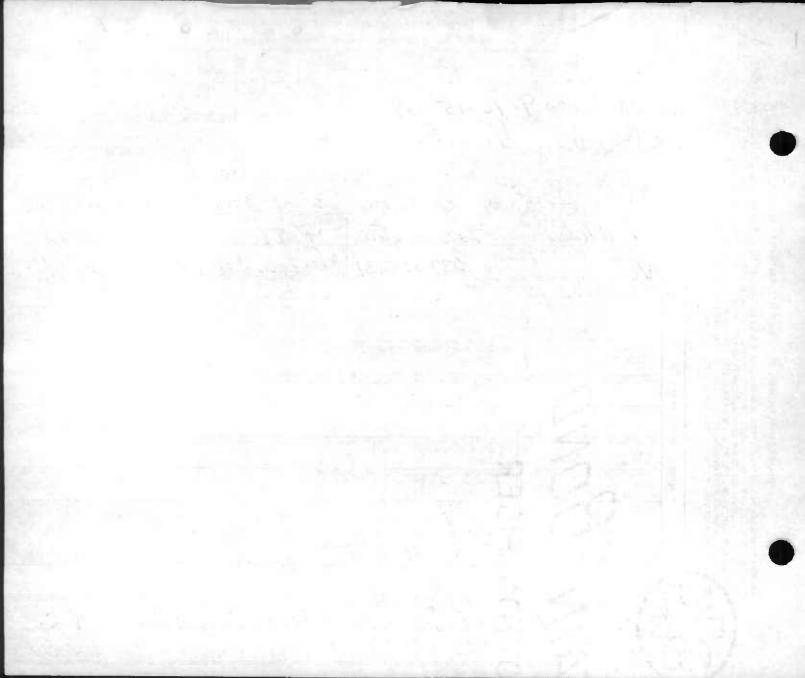
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Wm C March F/H Inc. 1101 E North Avenue



20M 4/82

4.	1-	FOR STATE REGISTRAR		MARYLAND TH AND MENTAL HYGIEN CERTIFICATE OF DEA	NE 2 6 9 ;	3 1.
72 HOURS ON STREET,		CEASED NAME FIRST LORPRINT) Myrtle A RACE S DATE OF	OF BIRTH & AGE (IN YEARS IF L	LAST	OF ESTI- DEATH MATED X	10-28 1984
W. PREST	Pi	RTHPLACE (STATE STATE ST	MAR	RRIED NEVER MARRIED DIVORCED D	Baltimore Ci	
Salla Son		Baltimore 20	016 N. Wolfe Street	FON	OST OF WORK (S LIFE)	OR INDUSTRY
SHOULD BE CORDS	13a S	Md. Battem	13. CAY OR TOWNSON	13d. INSIDE CITY LIMITS? 13e STI	REET ADDRESS NO	Le St. 12/2
AND 2 SI	14. FA	REWilliam MIDDLE	Bruirengton	15 MOTHER MAIDENNIAM	WIDDLE	Drivend
WITH FORM		VAS DECEASED EVER IN U.S. ARMED FORC IS, 100, OR UNKNOWN) (IF YES, GIVE WAR OR DATE		Flanagan 3	Alme Brown	ville, D.C.
MEDICAL EXAMINER ALON AS A BURIAL - TRANSIT PEI ALTH AND MENTAL HYGIE CREMATION, OR REMOVA	No	Conditions, if any, which gave rise to immediate	(c)_Arteriosclerotic 16 TO, OR AS A CONSEQUENCE OF (b)_ 16 TO, OR AS A CONSEQUENCE OF (c)_ 16 TO DEATH BUT NOT RELATED TO THE TERMINAL DISE Diabetes Mellitus	ASE OR CONDITION GIVEN IN PART 1 (0).	i	
USED OF HE JRIAL	TIFICATIO	196 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION			20 AUTOPSY? YES NO 🔀
WARDED TO THE CPAGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BU	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	HOW INJURY OCCURRED (ENTER OCCURRED)	r nature of injury in item 18 Part 1	OR PART 2) COUNTY STATE
ULD BE FOR DIRECTOR: WITH THE S MARYLAND,		The I certify the Thook charge of the re- death resulted from Notional curves) ACTUAL SIGNATURE (THRE (SPECIFY)	etermined manner .	DATE 10-29-84
PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	73× 8	EXAMINER'S NAME Dennis F.	Smyth, M.D.		St., Balto., i	Md. 21201
	1	22RIN 11-1	1-84 GREENLY	oud Cem (PREGISTRAR 256 REGISTRA	COUNTY STATE
HMH - 17 A15 ME (5))	1	Tiph t. Kuss o	2022214. North	eve, not 31	1001	don-Randale



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE CERTIFICATE OF DEATH

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600	0	1	3	9

.1. DE	REGISTRAR				REG. NO		
	ECEASED NAME FIRST	WIDDLE	LAS	ST .	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	PAULINE	G	TRA	150N	10-9	-84	9.25
3. SE	EX	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAT	
	-	IS	12	18 11	7 2	YRS	S HOURS MIN
	BIRTHPLACE STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OF	COUNTY OF DEATH	
(1)	Virginia	U.S.A.	WIDOWED		Baltimor	e City.	۸
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR		120 USUAL OCCUPATIO	ON 126 KIND	OF BUSINESS O
B	Baltimore	PROVIDENT		ΓΑΙ.	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	?Y
USU	UAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)			21215	
	Maryland 136 COU	Balti		13d. INSIDE CITY LIMITS?	3800 Rel	vedere Av	
	FATHER'S NAME	Darti		15. MOTHER'S MAIDEN N		vedere nv	c.npc.
1	FIRST	MIDDLE Hill		Dorothy	MIDDLE	Twyma	LAST
160	Marvin WAS DECEASED EVER IN U.S. A		URITY NO	17 INFORMANT	ADDRE:		11
	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					Dood
	NO	13/9-36	-92/1	Alice Gol	phin 3915		NOAG
7	underlying cause last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART	la
ATIO	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	1100	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	OINGS LISED
10	THE DATE OF OFERALION	The CONDINGNION VOICE	TOPERATION	WAS TENT ONNIED		IN CERTIFYING CAUS	
E					YES NO	YES 🗌	NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	AV VEAD	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR		№ □
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	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	PAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	NO 🗆
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillind in the should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages frond 2 should be the should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages frond 2 should be the should be transitive.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

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CARL M. C. LACTONIA

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal. medicol ex MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

executed within 24 hours ofter death. Page 4 may be

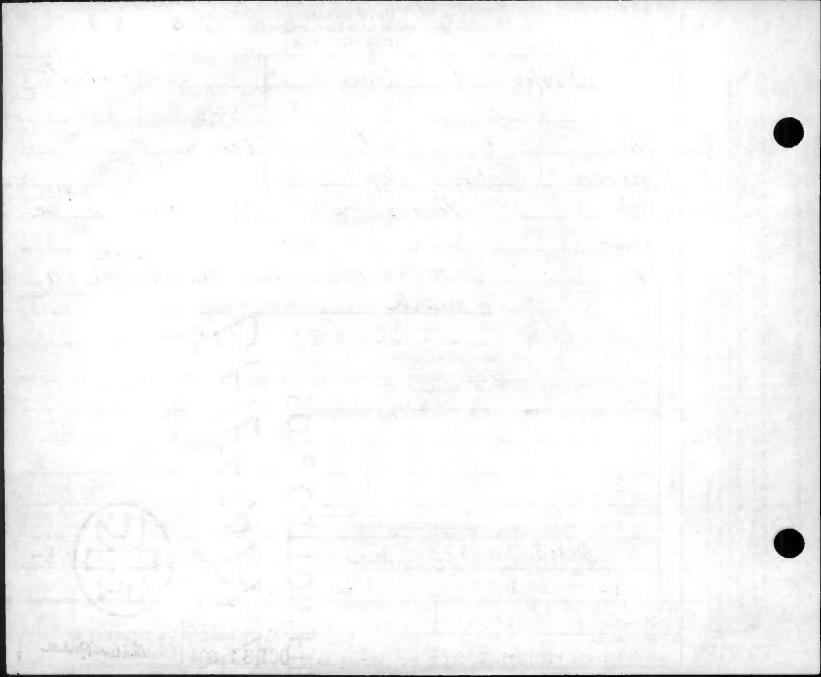
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Ļ	DEC	REGISTRAR	IRST.	WIDDLE	CERTII	AT THE OTHER THE	REG. N	O. MONTH DAY	YEAR 2	110110
		OR PRINT)	7 . 1 .	A MIDDLE		7	20 DATE OF DEATH			b. HOUR
L		Ci	MARKES	<i>C</i> ,		PEEN	1	10-30-	84	11 B. M
3	. SEX	(4. RAC	E	5 DATE C		6 AGE (IN YEARS LAST BI	MONTH		HOURS MIN.
L		m		10	3	05 98	86	YRS.		
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l		Va.		U.	WIDOWE		DALtimor	e (1)		MD
ī	0. C l'	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION / 12		BUSINESS OR
ı	1	BALLIMORE	(IF	NOT IN SUCH FACILITY, G	1/20	0.	(TYPE OF WORK FOR MOST	OF WORKING LIFE	IDUSTRY	
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ľ	3a. S	TATE 138	COUNTY	13c. CITY	DRTOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	Rical	100-1	Dala
Ļ	1.54	THERES NAME		19	attimore	YES NO	DATION .	Brent	MOCK	Tre
ľ	4. FA	THER'S NAME	MIDDLE		LAST	FIRST	MIDDLE		LAST	
L		Robert			reen	unki				
1		VAS DECEASED EVER IN	U.S. ARMED FO		IAL SECURITY NO.	17 INFORMANT	ADDR	Ess Spou	521	1
L		No		12/2	102252	HMAINTA (SP	EEN 2412.	BRENTU	ood	HVE
ľ		IB CAUSE OF DEATH	Enter only one o	ause per line f	i), (b), and (g))				BETWEEN ON	SET AND DEATH
ı		PART I. DEATH WAS	CAUSED BY:	SE (o)	well					
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ł	CERTIFICATION	199 DATE OF OPERATIO	N 10	CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	SUSED
ı	FIC	DATE OF OPERATIO	117	CONDITION	· WINCH OF EXAMO	IV WAS I EKI OKMED		IN CERTIFYING	CAUSES	F DEATH?
Į	RTI			TIME OF BUILDY		Tal. How Millipy occur	YES NO	YES 🗌		NO 🗆
L		21a. ACCIDENT WAS UNDERLO		OUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	JRY IN HEM 18 PART I C	OR PART 2)	
١	CAI	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.M.	19					77/11
ı	MEDICAL	21d. INJURY OCCURRED		B. PLACE OF INJUR'S THOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	OWN C	OUNTY	STATE
ł	2	AT WORK NOT WHILE			, , , , , , , , , , , , , , , , , , , ,		2750			
l		22a.1 certify that (1) (th	nis hospital) att	ended the decease	d from	. 19	, ta		, the	at (1) (we) last
l		sow the deceased abave, (1) (we) (did	olive on	Abo bodu ottor dost	19, ar	nd that in (my) (aur) opinian	death accurred on the c	ate and hour ond	from the co	uses stated
l		226. SIGNATURE	A -	The body arrel deal		DEGREE			22c. DATE SH	GNED
ı		184	411.	Mon	- M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN D	10/3	6/84
ł		72d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	0		22e ADDRESS			7	
I		BICHT	- DU	ONG		LUT HER	AN HO.	SPITAL		
ŧ	22	TIPLE CONT.	- VO	DATE	122. NAME OF C		73d. LOCATION			
1	(BURIAL, CREMATION, RE		1/3/84		EMETERY OR CREMATORY	CITY OR TOWN	cou	INTY	STATE
1	-	Burial	1	1/3/04	Md. Na	t. Mem. Pk			CICNIATION	25
1	74 FU	UNERAL DIRECTOR				750. DA	TE REC'D, BY REGISTRAF	LID KEGISTRAR'S	SIGNATUR	(E . 00

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

C 1101 March F.H, Inc. North Ave

OCT 31 1984 Julia Davidson Randalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ľ	- STATE REGISTRAR		J. K.	CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME JERY	-MIDI	DLE		I A ST	20 DATE OF DEATH	MONTH DAY	YEAR / 2b	HOUR
(11	PE OR PRINT)	LYN	J. (GREEN	1	1	1ct 4	84 6	AM
3. S	EX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) / IF UN		UNDER 24 HRS
	Female	White	2	May		94	YRS.	HS GATS HO	MIN.
Jo. 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTR	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	MD	USA	4	WIDOWI		Balto.	City		MD.
10.	CITY OR TOWN OF DEATH			SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 1	26. KIND OF BU	JSINESS OR
	Balto. City	Keswick	Nursi	ng Home	e	Homemak		Own H	lome
.USI	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEF	ORE ADMISSION)					239
130.	STATE 136 COU	NTY 13	CITY OR TO		13d. INSIDE CITY LIMITS?	1208 E.	ZIP CODE		
14.5	MD TATHER'S NAME		Balto	Э.	YES NO 15. MOTHER'S MAIDEN NA		Detvede	TE AVE	
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
		lton	Jone		Amelia	E.		Pfeifer	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES? 16	b SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRI	:55		
	No		12 12	6761	Richard E.	. Page. T	owson.	MD	
	18. CAUSE OF DEATH (Enter of	nly one couse m	110 01, W.	and (c).)	1. ,1	171		APPROXIMATE BETWEEN ONSE	T ND DEATH
	PART I. DEATH WAS CAUSE	D BY:	VU/	A 00 5	true loor of	- the luke		Minde	ke
Р	IMMEDIA	TE CAUSE (o		V My	1900	A CONTRACTOR OF THE PARTY OF TH		1	
	The state of the state of	DUE TO, OR A	S A CONSEC	DUENCE OF			1		
	Conditions, if any, which gave rise to immediate	(b)						-	
	cause (a), stating the	DUE TO, OR A	S A CONSEC	DUENCE OF			100		
	underlying cause lost.	((c)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING T	O DI ATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ita	
O N			(9)	sed a	things				
M	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS G CAUSES OF	
Ĕ	5.014.4					YES NO NO	YES		10
CERTIFICATION	218. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		RY IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AID .	MONTH	DAY YEAR					
S	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	INTUINV	19	211 LOCATION				
MEDICAL	WHILE NOT WHILE	(AT HOME, STREET	FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TO	WH	COUNTY	STATE
	AT WORK AT WORK			01	01	10	1	Cul	
	220 I certify that (I) (this hasp	1 110	. /	1791 1	19 3		. 19_	1	(I (we) lost
	object (I) (ve) (did) (lid ii	off view the body fift	Adeath.	87 0	and that in (my) mur) apinion	death occurred an the d	ate and hour one	d from the caus	ses stated
	226 SIGNATURY	1	10		DEGREE	/		22c DATE SIG	NID A
	We Rey	DA	chard	WN M	ATTENDING PHYSICIAN	MEDICAL STA		d Coc.	1 148
1	27d. PHYSICIAN'S NAME TYPE	DR PRINT)	- The Call	1	27e ADDRESS			100	
	Aubrey D.		n. M	.D.	Keswick	Home, Bai	to. M	D	/
73=	BURIAL, CREMATION, REMOVAL				CEMETERY OR CREMATORY	23d. LOCATION			-
	Entombment	10/6/			ine Maus.	Balto.	co	YINUC	STATE
					75n DA1	TE REC'D. BY REGISTRAR	25h. REGISTRAR	'S SIGNATURE	
1.	FUNERAL DIRECTO Henry	vv Jen	KINSORE	Sons	Co. no	15 1094		door - your	
1 4	4905 York Roa	d Balto	. M	1) 213	212	1 0 1304	mich man		

DHMH - 16 50M 4/83 (VRA 15, 4)

4905 York Road Balto., MD

Balto. - - - 1202 E. Pelyadem Ava. 112 12 (751 | Righard E. Basa, 3 storm, All the property of the property o JITT Stranger, M.E. Historian, M.E. Manual of the stranger of Enterpolicity 18/8/EI 18/9/EI. 2015. long Wilder State Co. SUB YEAR LOIG MENTO., MD 21212

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

. 8	Z	1-	FOR STATE REGISTR
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at once.	17	3. SE	RTHPLACE OLAMBUT AL RESIDEN LITATE AL RESIDEN LI
ling physicion and or irban papers. Pages or removal.	2		18 CAUSE PART I
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, poshould be detached for use as the burial-transit permit. Then please remave carbanopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at once.	9-9	MEDICAL CERTIFICATION	Condition gove ris couse (underlyin PART 2. C 19a. DATE (21a. ACCID OR CONTRI LIFETIMER 21d. INJUE WHILE [
TO FUNERAL DIRECTOR: After should be detoched for use as twith the State Dept. of Health a MPORTANT: If them 21 is mark			22d. f cert sow obov. 22b SIGN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

6

	REGISTRAR						REG. NO.			
	ECEASED NAME PE OR PRINT)	TACOP		IDDLE	C-R	FEN	20 DATE OF DEATH MON		4 2b	120
3. SE			RACE		S. DATE OF	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	0.	/	UNDER 24 HRS
	M ALE		WHI	TE	MONTH	23 02	82	YRS.	DAYS H	OURS MIN
	SIRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF W	VHAT COUNTRY?	8 MARRIED	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEA	TH	
	OLAND XXX	附	U	SH	WIDOWED		BALTIMORE CI	TY		٨
P	Saltmon	1	(IF NOT IN SUCH	NAI HOST	PITAL	R OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK MERCHANT	RKING LIFET INDU		USINESS C
13a.	MD	THE COUNTY		SIVE RESIDENCE BEFOR	more	136 INSIDE CITY LIMITS?	3214 SHELBUR	NE RD.	#21	1208
14. F.	SAMUEL	MIDE	DIE	GREEN		SOPHIE	WE	SOL	YLAST	
160	WAS DECEASED EVER	IN U.S. ARMED		216-09-		3214 SHELBU	S. ESTHEROGRE	EN LTO., MI) 21	1208
	18 CAUSE OF DEATH	H (Enter only a	ne couse per l	ine for (a), (b), or	nd (c).)			BET.	PPROXIMA	E INTERVAL ET AND DE AT
	PART I. DEATH W	IMMEDIATE C		hupot	rensm	Ω			lho	
			DUE TO OR	71	ENCE OF		the second secon			
	Conditions, if ony,	which (DUE TO, OR	AS A CONSEQU	ENCE OF	Jure 10	naestive.	ONPRO	60	IK
	Conditions, if any, gave rise to imm	nediote }	(b)	AS A CONSEQUE	t tai	dure, co	ngestive, s	severe	6	Irs
		nediote g the	(b)	71	t tai	dure, co	ngestive, s	evere (60	irs
	gove rise to imm couse (0), statin underlying couse	nediote g the lost.	(b) DUE TO, OR	AS A CONSEOU AS A CONSEOU 2 My	lence of ocard	ial infarct	ons	severe 6	Gu yx	IS S
NO	gove rise to imm couse (0), statin underlying couse	nediote g the lost.	(b) DUE TO, OR	AS A CONSEOU AS A CONSEOU 2 My	lence of ocard	ial infarct	ngestive, s	ENERE GONGIVEN IN PA	GU Y RT III	yrs S
ATION	gove rise to imm couse (0), statin underlying couse	nediate g the lost.	(b)	AS A CONSEOU AS A CONSEOU AS A CONSEOU NTRIBUTING TO	DEATH BUT N	ial infarct	On S AINAL DISEASE OR CONDITION	DN GIVEN IN PA		SUSED
IFICATION	gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	nediate g the lost.	(b)	AS A CONSEOU AS A CONSEOU AS A CONSEOU NTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITIC	IF YES, WERE F	INDINGS USES OF	DEATH?
ERTIFICATION	gove rise to imm couse (o), stohn underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	nediote g the lost.	(b)	AS A CONSEOU AS A CONSEOU AS A CONSEOU MY NTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	IF YES, WERE F CERTIFYING CA YES	INDINGS USES OF	
A CERTIFICATION	gove rise to imm couse (0), stotin underlying couse PART 2. OTHER SIGN 196. DATE OF OPERAT 216. ACCIDENT WAS UND OR CONTRIBUTING CO	NETICANT CON	(b)	AS A CONSEOU AS A CONSEOU AS A CONSEOU MY MITTIBUTING TO ION FOR WHICH	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIC	IF YES, WERE F CERTIFYING CA YES	INDINGS USES OF	DEATH?
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	gove rise to imm couse (0), stofin underlying couse PARI 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CUTER (IF ETHER NOTIFY MEDIC 21d. IN JURY OCCULER WHILE NOT WHAT WOR AT WOS 220.1 Certify that (1) sow the decesse obove, (1) (we) (6) (1)	DERIVING CAUSE OF DEATH LEXAMINER) LIFE CANT CON LAUSE OF DEATH LAUSE OF D	(b)	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	DEATH BUT N H OPERATION PAY YEAR 19 FARM, ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING	AINAL DISEASE OR CONDITIC 20a AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN I	COUN COUN 19 nd hour ond from	INDINGS USES OF I	STATE t (I) (we) lisses stoted
	gove rise to imm couse (0), stotin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING CITY OF THE PROPERTY OF THE	DERIVING CAUSE OF DEATH LEXAMINER) LIFE CANT CON LAUSE OF DEATH LAUSE OF D	(b)	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	DEATH BUT N H OPERATION PAY YEAR 19 FARM, ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING	ANNAL DISEASE OR CONDITION 20d. AUTOPSY? YES NO NET NATURE OF INJURY IN IT CITY OR TOWN death accurred on the date of	COUN COUN 19 nd hour ond from	INDINGS USES OF I	STATE t (I) (we) I sees stoted
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BALTO.,

6010 REISTERSTOWN RD.

MD

21215

OCT 31

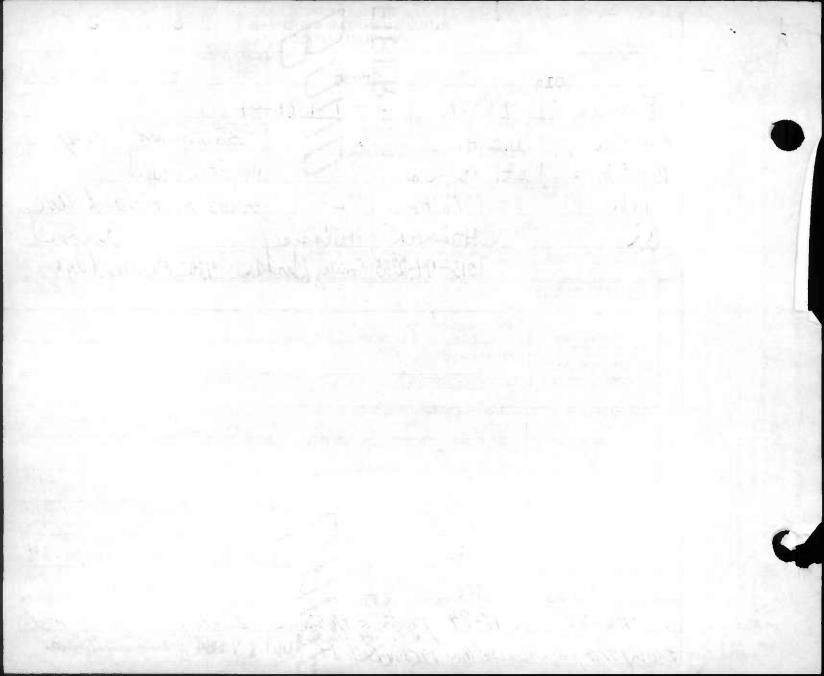
1984 Julia Davidson-Hondall

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

Marie Committee in a state of the



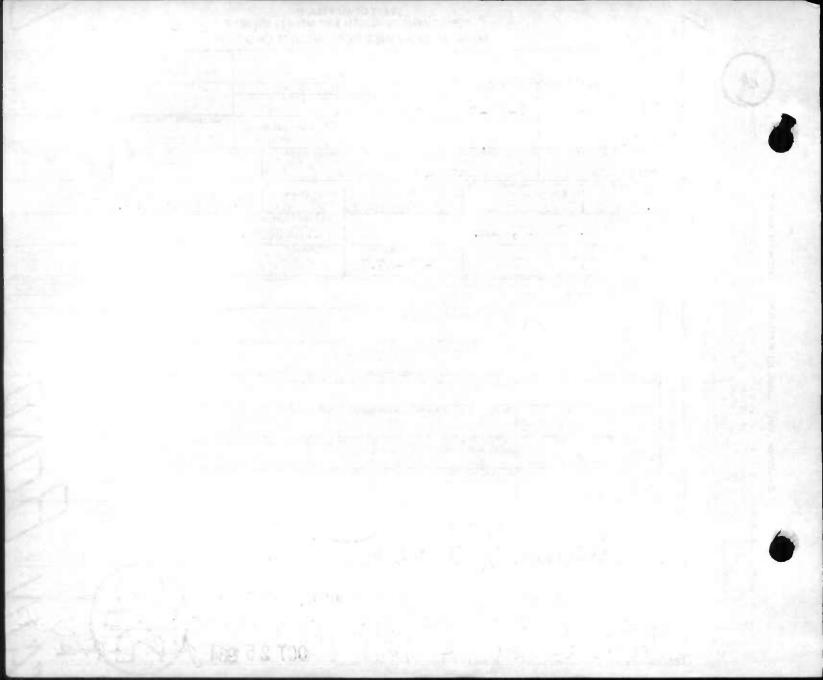
DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GIENE 2 6

		STATE REGISTRAR		MED	ICAL EXAM	AINER'S	CERTIFIC	CATE	OF DE	ATH REG. NO.			
1		CEASED NAME OR PRINT!	E FIRST		MIDDLE		LAST			20. DATE KNOWNXXX MC	ONTH DAY	YEAR	26 HOUR
1	(1111	CORPRINT	Samue	1	W.		Green,	Jr.		DEATH MATED	10-20	1984	M
	3 SEX		4. RACE	5. DATE OF BIRTH		(IN YEARS IF U		IF UNDER	R 24 HRS.	PRONOUNCED MO	NTH DAY	YEAR	2d HOUR
	MA	LE	BLACK	1-11-36		YRS.	IHS DATS	HOURS	MIN.	DEAD	10-20	1984	8:00 a. w
		RTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY?	8. MARE	NED NE	VER MARK	RIED [9. BALTIMORE CITY OR CO	DUNTY OF D	PEATH	
A		LTIMO		II S			WED 🗆	DIVOR		Baltimore C	city,		MD.
9	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NURSING H		HER INSTITU	TION		MAL OCCUPATION (TYPE OF W	ORK 12b. KIN	ND OF BU	ISINESS
	В	Baltimo	re		ark Ave.		7		Tox.	MOST OF WORKING (IPE)			\ 1
7	USUA 13a ST		(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE		DMISSION)	13d. INSIDE C	TTV + IMITCO	112a STE	EET ADDRESS	7	171	17
1	M		138 COOM		BALTTI		YESUE C	NO [21	07 PARK AVE	E. ok	101	/
1	14 FA	THER'S NAM	L W. GRE	EN SR	LAST		15. MOTH	ER'S MAID	EN NAMI	MIDDLE		LAST	
0			D EVER IN U.S. ARA		16h. SOCIAL SEC	LINITY NO	17. INFOR		TIA	GREEN			
		THOSE UNKN			212-34		IV. IIAFOK	MAINI		AUDRESS			
		18. CAUSE C	OF DEATH (Enter an	y one cause per line l	far (a), (b), and (c)	}.)					AP	PPROXIMATE	INTERVAL T AND DEATH
		PARTID	EATH WAS CAUSED	E CAUSE (o) C	irrhosis	of Liv	ver						
		W		DUE TO, OR	AS A CONSEQUE	NCE OF							
			ons, if any, which ise to immediate	(b)									
		cause (a) stoting the <u>under</u>	< /	AS A CONSEQUE	NCE OF							
-		lying co	use lost.	(e)									
6		PART 2 OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	UI NOT RELATED 10 1H	E TERMINAL OISEA	SE OR CONOITIO	N GIVEN IN P.	ART 1 to i.				
	MEDICAL CERTIFICATION	14.3											
	CAT	19a. DATE O	FOPERATION	196. CONDITI	ION FOR WHICH	OPERATION V	VAS PERFOR	MED?			20. A	UTOPSY?	,
	TIFI										Y	YES 🗌	NOXIX
1	S.		AL CAUSE WAS	216 TIME OF	MONTH DAY	YEAR 21c. H	IOW INJURY	OCCURR	ED (ENTER	NATURE OF INJURY IN ITEM 18 PART T	OR PART 2)		
1	CAL	UNDERLYING CONTRIBUT	ING CAUSE OF E			9							
	EDI	21d INJURY	OCCURRED		FINJURY (AT HO)	ME, 21f. LC	CATION STREET			CITY OR TOWN	COUNTY		STATE
	2	AT WORK	NOT WHILE C	3 3 3 3 3 3 3 3 3	on i, rana, e i c. j		JINE			CITOKTOWN	COUNTY		STATE
			-	e of the remains de	riber obove, held	on Auto	osy .	Inspectio	on XX	Inquiry . ond in r	my opinian	16	7-1-1
		death resul	//	ol couses XX	Adent	Suicide [], Homi	-		termined manner .	,		
			100	-01	4 0%	MIX		PECIFY)					
4	/	ACTUAL SIGNATURE	Melle	us X	Myson	my,		stant	EMED		IGNED	1.0-20)-84
1		EXAMINER'S		nnis F. Sm	my+6/ M D			111 1	Denn	St., Balto.,	Md ·	21201	
	23a.Bl	(TYPE OR PR	ATION, REMOVAL 2			F CEMETERY (ADDRESS_ OR CREMATO			OCATION A	rid. 2	Δ	
	(5	PECIFY) nuris	200	1925/84	Md.V	A, Ce	-16	iterr	33 K	wrest Balt.	Cou	my	ille
	24	I WRAL DIRE		A D DADDREAS	4111	12-14	74	MEDATE	REC'D. B	REGISTRAR	RESERVATION AT	8.00	fq.
-	J	zuu	TU LU	vous	· M. 9	10th)	w	UG	251	984 game energe	our-Man	PARTIE	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funition of should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 list with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examper must be income.

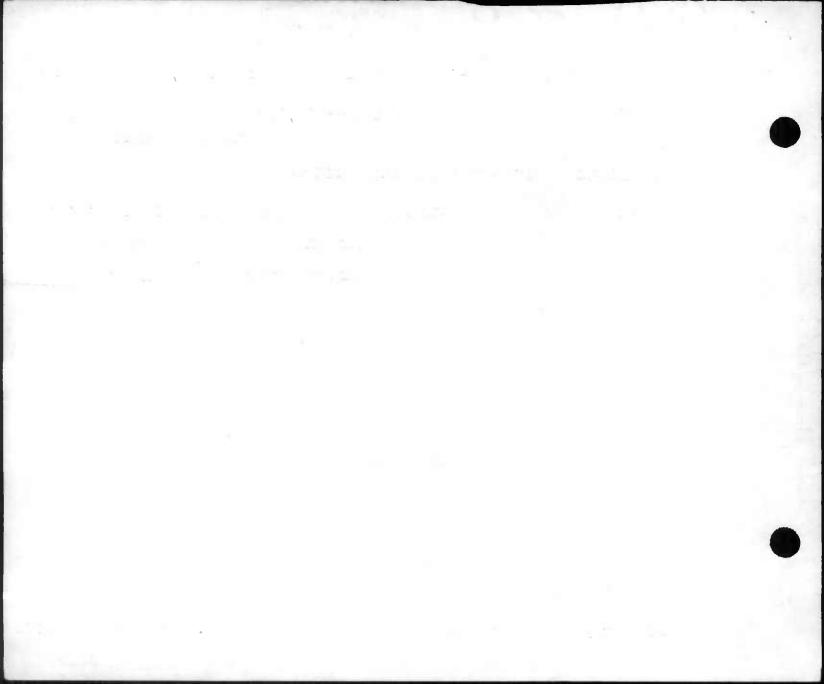
page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26944

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
DECEASED NAME	FIRST		WIDDIE	1	LAST	20 DATE OF DEATH		Y YEAR	26 HOUR A
[TIPE OR PRINT]	BABY	BOY	(B)		GREENE	SEPT. 1	.9, 198	34	1:08,
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
MALE		BLAC	ĸ	SEDI		84	YRS.	2	3
O. BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF		UTDV2 I		9. BALTIMORE CITY		OF DEATH	
COUNTRY)				WIDOWE	D NEVERMARRIED X	BALTIN	MORE CI	TY	MD.
MARYT, AND				IURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA			F BUSINESS OR
BALTIMO	ORE /	THE J	OHNS	HÖPKIN	S HOSPITAL	(TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	
USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION	13c. CITY OF		1136. INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE		
MARYLAND	4		BAL	TIMORE	YES X NO	1706 RIG		2	21217
4 FATHER'S NAME		MIDDLE	LAS		15. MOTHER'S MAIDEN NA			LAS	
5 IK21		WIDDLE	LAS	21	SANDRA	MIDDLE	CD	EENE	1
60 WAS DECEASED E			16b. SOCIAL	SECURITY NO.	17. INFORMANT	ADD	RESS	J. P. IN P.	
(YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)			CANDDA ODI	2020	70 70	0.77	
					I SANDRA GRI	EENE	AB	APPROX	MATE INTERVAL ONSET AND DEATH
18 CAUSE OF DI PART I. DEAT	H WAS CAUSE	ly one cause pe D BY	_	1.		1-7		BETWEEN	LIGHT V
	IMMEDIAT	E CAUSE (D)	Car	diores	BILCITOLA	Tailabe		1	01001
		DUE TO, C	R AS A CON	SEQUENCE OF		1 .		1	101
Conditions, if	ony, which	DUE TO, C	R AS A CON	SEQUENCE OF	nembrane	dise	a5@	1	12 day
gove rise to	immediate	(b)_	Hya	line n	nembrane	dise	050	1	12 day
gove rise to couse (a), s	immediate	(b)_	Hya	1 .	nembrane :+v	dise	<u>asp</u>		12 day
gove rise to couse (a), s underlying ci	immediate toting the ouse last	(c)	Pres A CON	line of SEQUENCE OF Natur	nembrane	disease or co	ONDITION GIVE	N IN PART III	12 day
gove rise to couse (a), s underlying co	immediate toting the ouse last	(c)	Pres A CON	line of SEQUENCE OF Natur	nembrane 1 + y NOT RELATED TO THE TERM	disease or co	ONDITION GIVE	N IN PART III	12 day
gove rise to couse (a), s underlying co	immediate toting the buse lost	DUE TO, CO	Pres a CONS	SEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	206. IF YES,	WERE FINDI	NGS USED
gove rise to couse (a), s underlying co	immediate toting the buse lost	DUE TO, CO	Pres a CONS	SEQUENCE OF		200 AUTOPSY?	20b. IF YES, IN CERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
gove rise to couse (a), s underlying co	immediate toting the pouse lost	DUE TO, CO (c) CONDITIONS C	OR AS A CON-	SEQUENCE OF	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
PART 2 OTHER S	immediate toting the ause lost SIGNIFICANT (ERATION	19b COND	ONTRIBUTION FOR W	SEQUENCE OF		200 AUTOPSY?	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER: 19a DATE OF OPI 21a. ACCIDENT WA	immediate toting the puse lost SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER	DUE TO, CO (c) 19b. COND 19b. COND 19b. TIME COND 11b. TIME COND 11b. TIME COND 11b. TIME COND	ONTRIBUTION ONTRIB	SEQUENCE OF	21c. HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER S 190 DATE OF OPI 710. ACCIDENT WAS OR CONTRIBUTING LIF EITHER NOTIFY 21d. INJURY OCC	immediate toting the puse lost SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER CURRED	DUE TO, CO (c) 19b COND 19b COND 19b HOUR A P 71e PLACE	OR AS A CON- ONTRIBUTION FOR WATER OF INJURY OF INJURY OF INJURY	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?
gove rise to couse (o), s underlying city of the second of	immediate toting the puse lost SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA MEDICAL EXAMINER	DUE TO, CO (c) 19b COND 19b COND 19b HOUR A P 71e PLACE	OR AS A CON- ONTRIBUTION FOR WATER OF INJURY OF INJURY OF INJURY	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER MITURE OF IN	206. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
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PART 2 OTHER S 190. DATE OF OPI 190. DATE OF OPI 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC WHILE AT WORK 270.1 certify the sow the dec	immediate to ting the purse lost lost lost lost lost lost lost lost	DUE TO, CO (c) 19b. COND 19b. COND 19b. COND 11b. TIME CO HOUR A P 21b. PLACE (AT HOME, S1	OR AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. M. MONTH M. M	SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE FARM ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER MATURE OF IN	206. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES COUNTY	NGS USED OF DEATH? NO STATE
PART 2 OTHER S 190 DATE OF OPI 190 DATE OF OPI 210. ACCIDENT WAI OR CONTRIBUTING (IF EITHER NOTIFY 21d. IN JURY OCC WHILE AT WORK 220. Certify the sow the dec	immediate totaling the pouse lost is significant of the pouse lost is significant of the pouse lost in	DUE TO, CO (c) 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A P 21c PLACE (AT HOME S1	OR AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. M. MONTH M. M	SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER MATURE OF IN	206. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES COUNTY	NGS USED OF DEATH? NO STATE that [I] (we) lost couses stated
GOVE rise to couse (i0), sunderlying ct underlying concomplete the constraint underlying ct underlyi	immediate totaling the pouse lost is significant of the pouse lost is significant of the pouse lost in	DUE TO, CO (c) 19b. COND 19b. COND 19b. COND 11b. TIME CO HOUR A P 21b. PLACE (AT HOME, S1	OR AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. M. MONTH M. M	SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION STREET 7 8 19 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR CITY OR death occurred on the	206. IF YES, IN CERTIFY! YES JURY IN ITEM IS PAR TOWN dote and hour of	WERE FINDING CAUSES IT I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that [It (we) lost couses stated
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PART 2 OTHER: 19a DATE OF OPI 21a. ACCIDENT WAI OR CONTRIBUTING (IF ETHER NOTIFY 71d. INJURY OCC WHILE AT WORE 72a. I certify the sow the dee obove, (I) [w]	immediate toting the puse lost SIGNIFICANT OF ERATION CAUSE OF DEA MEDICAL EXAMINER UNDERLYING UNDERLYING I WHILE I WORK I (I) (this hospi teosed alive on me) (did) (did no	DUE TO, CO (c) 19b. COND 19b. COND 19b. COND 19b. COND 11b. TIME COND 11c. PLACE (AT HOME ST 1) view the body	OR AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. M. MONTH M. M	SEQUENCE OF G TO DEATH BUT VHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.)	211. LOCATION STREET 219 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR CITY OR death occurred on the	206. IF YES, IN CERTIFY! YES JURY IN ITEM IS PAR TOWN dote and hour of	WERE FINDING CAUSES IT I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that [I] (we) lost couses stated
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PART 2 OTHER: 190 DATE OF OPI 190 DATE OF OPI 210. ACCIDENT WA: OR CONTRIBUTING (IF EITHER NOTHY 21d. INJURY OCC AT WORK AT WORK 270. I certify the obove, (I) [w 2726. SIGNATURE	immediate total the total	DUE TO, CO (c) 19b. COND 19b. COND 19b. COND 19b. COND 11b. TIME COND 11c. PLACE (AT HOME ST 1) view the body	OR AS A CON: ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. M. MONTH M. M	SEQUENCE OF GTO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.) from 9113	211. LOCATION STREET 219 nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR CITY OR death occurred on the	206. IF YES, IN CERTIFYI YES IJURY IN ITEM IB PAR TOWN AFF	WERE FINDING CAUSES IT I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that [I] (we) last causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in Its should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

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1	7		
	D.		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGTENE

2	6	1	13	35
Con	U	0		-

1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE (STATE OR COUNTARY)	BETTY 4. RACE	Lee Lee	LAST		REG. N 2a DATE OF DEATH		AY YEAR	26 HOUR	
3. SEX Female 70. BIRTHPLACE (STATE OR	4. RACE	Lee	CDEEN					p	2
Female 70. BIRTHPLACE (STATE OR			GREEN	E		16 8	84	2 2-	AI
To. BIRTHPLACE (STATE OR	White		5. DATE OF BIRTH	1919 YEAR	6 AGE (IN YEARS LAST BE		ONTHS DAYS	IF UNDER 2	A HRS
margram	76 CITIZEN OF U.S	WHAT COUNTRY?	MARRIED NE	VER MARRIED	9 BALTIMORE CITY OF BALTIMORE	OR COUNTY	OF DEATH		~
10 CITY OR TOWN OF DE	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET TEMORIAL H	IG HOME OR OTHER	RINSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O INDUSTRY	F BUSINES	_
USUAL RESIDENCE (IF NUR 130 Mary land	131 COUNTY	BAITINO	ADMISSION) 13d. INS	DE CITY LIMITS?	130. SIREET ADDRESS 4309 ROI.	ing S	oring L	rive	2.
14 FATHER'S NAME GEORGE	MIDDLE	Ross		HER'S MAIDEN NAM TULIA	WIDDLE		enzie ^{las}	т	
160 WAS DECEASED EVER	R IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	212-20-		ormant neodore Sh	erbow 100		rles St	2120	21
18 CAUSE OF DEA	TH (Enter only one couse pe	r line far (a), (b), on	d (c).)				BETWEEN	MATE INTERV	AL
PART I. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Long	slen	herniat	ion		14-600	3-6	ا
Conditions, if any gave rise to im cause (a), stati underlying causi	y, which (b)	OR AS A CONSEQUE	ENCE OF				~	101	_
PART 2 OTHER SIG	NIFICANT CONDITIONS C		OPERATION WAS P		700 AUTOPSY?		N IN PART 1:0		
10 - 3-87	4 subda	0 1	Umas I	hemel	YES NO		ING CAUSES		1?
OR CONTRIBUTING	CAUSE OF DEATH HOUR A	OF INJURY 7	21c. HO	prob Col	ED CENTER NATURE OF INJE	URY IN ITEM 18 PA	RT LORPART 21	n h	-dc
(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK	THE THOME ST	OF INJURY		CATION STREET	Same Dr	R. R. Lt	COUNTY	517	ATE
saw the decea	(his hospital attended the sed alive an idid did not) view the bady	3 8 19	9-30	. 19 34	death occurred on the c	date and haur		that (I (w	-1
226 SIGNATURE	Roth M	on ~	Y POUR BEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 8 · 8	4
22d PHYSICIAN'S N	A R. M.	, Jr	22e AD	Nous in	FIRE YA	9 K	mpi 2	l	
23a BURIAL, CREMATION (SPECIFY) Entombme	701	11/84	Lorraine		23d LOCATION CITY OF TOWN	ma 14-	COUNTY	51	ATE
24 FUNERAL DIRECTOR	nt I '	_, -, -			Baltimo REC'D. BY REGISTRAI	re, Ma	ryland PAR'S SIGNAT	URE	_
NAME	J Ruck Inc. 1	ADDRESS	Maruland		T 1 0 400 4	4 .	Tavidson-		0.0

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or attending physician OR ATTENDING

Transport of the state of the s

1	1 -	FOR STATE REGISTRAR	Bury A DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL MYG ICATE OF DEATH	IENE 2	6 9 4	6
3		CEASED NAME FIRST	WIDDIE	Į,	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
100		LARRY		GREEN	1 (SEPTEMBI		
	3. SE2	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		
		MALE	BLACK		9/17/1984		YRS. MONTHS DA	0
11	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED *		R COUNTY OF DEATH	
22		ARYLAND	USĀ	WIDOWE	D DIVORCED	BALTIMO		MD.
33		ALT IMORE	11. NAME OF HOSPITAL, NURS (#FNOT IN SUCH FACILITY, GIVE STRI THE JOHNS	EET ADDRESS)	NS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON F WORKING LIFE) INDUSTI	O OF BUSINESS OR RY
6	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN ARYLAND		OWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS /	GS AVE.	21217
	14 FA	ATHER'S NAME FIRST A	MIDDLE LAST		15. MOTHER'S MAIDEN NAM SANDRA	ME	GREEN	LAST E
0 /		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	55	
E /	(AEZ' NO OK OMKNOMMI (IL LEZ' CIAE	: WAR OR DATES]		SANDRA G	REENE	ABC	VE
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTION	DUENCE OF VILLY	otress syndram			
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	280 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 7	n
בי בי	MED	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TILL ST 1 7 E		22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	9/27	84 , on	d that in (my) (our) opinion o	ta 9 27	ate and hour and from t	
E = =			e Ragavan			MEDICAL STAF DIRECTOR PHYSIC	F . (7/27/84
		22d. PHYSICIAN'S NAME (TYPE OF	$O \land C \land V \land$	N	601 N. BROAL	DWAY, JOHN	NS HOPKINS	HOSPITAL MD. 21205
-		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	23b. DATE 23 9/27/84	JH	EMETERY OR CREMATORY H	23d LOCATION CITY OR TOWN BALT IMO	RE, MD. 2	21205 STATE
33	24. FU	UNERAL DIRECTOR	ADDRES:	5	OCT DATE	15 1984	25b. REGISTRAR'S SIGN	ATURE Endelle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

O. DYETT

(VR A15 ME (5)) 20M 4/82

	FOR
-	STATE
	DECLICADAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE CERTIFICATE OF DEATH

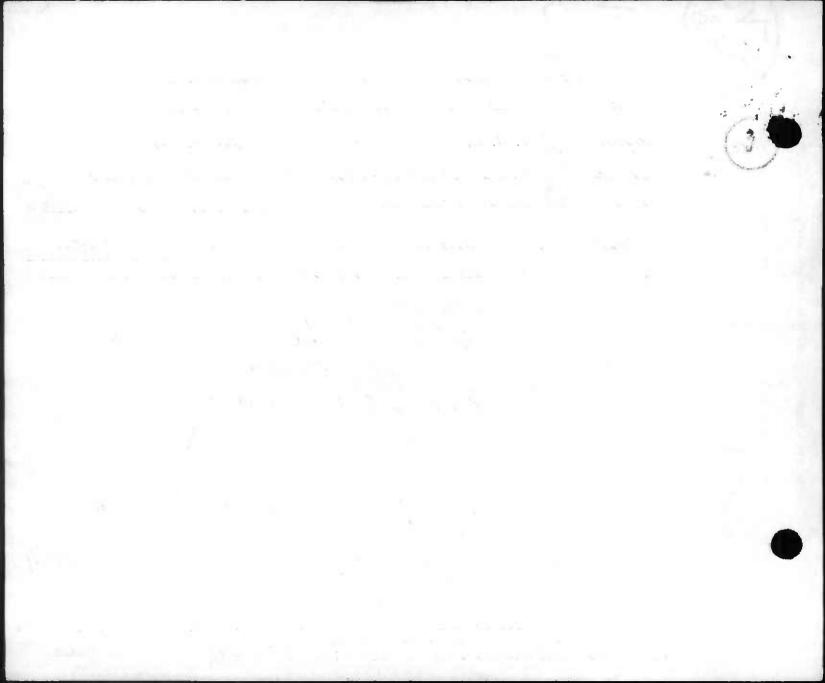
0	6	9	2	8
2	6	9		-

						AST						
	CEASED NAME	PREST	, A	KIDDUE	. 4	AST.	20	DATE OF DEAT	TH MONTH	DAY YE	AR 2b	HOUR
Cross	CONTRACT)	Marie	E	Ruth	G	rice	0	ctober	27,1984	4		
SE		4.	RACE	7927	5. DATE C		-	AGE (IN YEARS LA	ST BIRTHDAY}	IF UNDER 11		UNDER 241
	Female		Cauca	sian	Jun	e 17°,1896°		88 y	117.3			OURS A
	RIMPLACE (SINE	окточном 76	CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIE	9	BALTIMORE CI	TY OR COUN	TY OF DEAT	H	
_	Vary land		U. S.		WIDOWE	ED DIVORCE	ED 🗌	Baltimo				
	ITY OR TOWN OF D		(IE NIOS INTELIC	HEACHITY CINE STORES	(22200CA)	OR OTHER INSTITUTION		IL USUAL OCCU				USINESS
j	Baltimore	10	ieneral	German	Aged .	People's H	lome E	ookkeep	er & Ho	omemak	er	
	ALRESIDENCE IV ~ Pg tand		mmall	SHE WESTERNES HOW	PONDE	113d. INSIDE CITY LIA	AITS? 13	STREET ADDRI	ESS / ZIP CO	DE		
		Britis 1	11.microe	Deverya	LUIN	YES NO		05 Roun	d Bay I	Road		21146
j'	ATHER'S NAME	we	Diff	LANE		15. MOTHER'S MAID FIRST	DEN NAME	MIDE	DIE		LAST	
	Charles	J.		Dittell		Mary		Α.		W	aldn	nan
	WAS DECEASED EV			166 SOCIAL SECU	URITY NO.	II INFORMANT		A	DDRESS 22	S. Ati	hol	Aven
1	No	11.11.2	-	212-12-4	855	General G	Terman	Aged P	eople's	Home		2122
	III CAUSE OF DE	ATH (Enter only	one couve per	line ter (a), (b), ar	nd (c).)		1			AP. BETW	PROXIMA VEEN ONS	TE INTERVAL
	Conditions, if a gove rise to coine (a), sto	immediate aling the	DUE 10, OF	R AS A CONSTON	bose	Moste	C)	hear	t du	elaso		
ANDIA	gove rise to couse (a), sto underlying co-	iny, which immediate aling the one last	DUE TO, OF	CONSECUTION TO	ENCE OF DEAPH BUT	NOT RELAYED TO THE	lur HE TERMINI PON	2 44	20b. IF Y	res, were fi	NDING:	
HARMING.	gove rise to some list, sit underlying co	iny, which immediate aling the one last	DUE TO, OF	CONSECUTION TO	ENCE OF DEAPH BUT	ordun	and the second	led	20b. IF Y		NDING: USES OF	
CERTIFICATION	gove rise to conte 10.1 st underlying co PART 2 OTHERS THE DATE OF OPE THE ACCOUNT WAS	iny, which immediate along the one lest. IGNIFICANT CO	DUE TO, OH (b) DUE TO, OH (c) NDITIONS CO	AS A CONSEGUE	DEATH BUT	ordun	ron	200 AUTOPSY?	20b. IF Y	YES, WERE FI TIFYING CAU YES []	NDING: USES OF	DE ATH?
	part 2 OTHERS	INTERPORT OF CAUSE OF COLORS	DUE TO, OH (b) DUE TO, OH (c) NDITIONS CO	AS A CONSEGUE AND THE PROPERTY OF THE PROPERT	DEATH BUT	A WAS PERFORMED	ron	200 AUTOPSY?	20b. IF Y	YES, WERE FI TIFYING CAU YES []	NDING: USES OF	DE ATH?
	gove rise to conte 103, sh underlying con PART 2 OTHERS THE DATE OF OPE THE ACCEPTIONS OF CONTEMULES [INTERPORT OF CAUSE OF CAMERICAL EXAMINERS	DUE TO, OI (b)	PAS A CONSECUTION OF THE PASS A CONSECUTION	DEACH BUT	21c HOW INJURY OF	ron	206 AUTOPSY? YES NO	20b IF Y IN CER	YES, WERE FI TIFYING CAU YES B PART I OR PAR	NDING: USES OF	P DE ATH?
	gove rise to conte (o), o underlying co PART 2 OTHERS THE DATE OF OPE THE ACCOUNT WAS OR CONTEMULENCE (## BITHER, NOTHER THE INJURY OCC.)	INTERPORT OF CAMERIE	DUE TO, OI (b)	A A CONSECUTION TO MICHAEL MANNEY M. MONTH D.	DEACH BUT	ZIC HOW INJURY	ron	206 AUTOPSY? YES NO	20b. IF Y	YES, WERE FI TIFYING CAU YES []	NDING: USES OF	DE ATH?
2	Gove rise to content to the underlying conte	INTERPORT CO	DUE TO, OF (b) DUE TO, OF (c) DUE TO	AS A CONSECUTION OF INJURY M. MONTH D M. DF INJURY MIT factors office.	DEATH BUT	21c HOW INJURY OF	OCCURRED	200 AUTOPSY? YES NO (ENTER NATURE O	206 IF Y IN CER OR TOWN	YES, WERE FI TIFYING CAU YES 8 PART I OR PAR COUNT	NDING: USES OF	SIAT
	Gove rise to content to the underlying conte	INTERPORT OF CAUSE OF	DUE TO, OF (b) DUE TO, OF (c) DUE TO	AS A CONSECUTION OF INJURY M. MONTH D M. DE INJURY MIT factors office.	DEATH BUT	21c. HOW INJURY OF THE LOCATION OF THE LOCATIO	OCCURRED Opinion dec	200 AUTOPSY? YES NO (ENTER NATURE O	20b IF Y IN CER	VES, WERE FIT IFYING CAU YES 8 PART I OR PAR COUNT 19 our ond from	NDING: USES OF	SIAT (I) (we) uses stote
	gove rise to content to the underlying con PART 2 OTHERS The DATE OF OPE The ACCREMIT WAS OR CONTENT OF CONT	INTERPORT OF CAUSE OF	DUE TO, OF (b) DUE TO, OF (c) DUE TO	AS A CONSECUTION OF INJURY M. MONTH D M. DE INJURY MIT factors office.	DEATH BUT	21c. HOW INJURY (21l. LOCATION 21l. LOCATION Attention DECREE ATTENT	OCCURRED Opinion deco	200 AUTOPSY? YES NO (ENTER NATURE O	20b IF Y IN CER	VES, WERE FIT IFYING CAU YES 8 PART I OR PAR COUNT 19 our ond from	the cou	SIAT (I) (we) uses stote
MEDICAL CERTIFICATION	Gove rise to content to the underlying conte	INV. which immediate along the one lest. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEATH MODE LEXANIMERS WIDE CO. CAUSE OF DEATH MODE WIDE CO. CAUS	DUE TO, OF (b) DUE TO, OF (c) DUE TO	PAS A CONSEGUE PAS A CONSEGUE PROPOSITION OF THE PASSEGUE THE PASSEGU	DEATH BUT DEATH BUT AY YEAR 19 NAME OF C	21c. HOW INJURY OF THE LOCATION OF THE LOCATIO	OCCURRED OCCURRED Opinion dec DING ATORY	200 AUTOPSY? YES NO (ENTER NATURE O	OR TOWN OR TOWN STAFF HYSICIAN	VES, WERE FIT IFYING CAU YES 8 PART I OR PAR COUNT 19 our ond from	the cou	SIAT (I) (we) uses stote

DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR chauld be detached for uwith the State Dept. of He

MPORTANT: If Nem 21 is m



19	1.	#5 per call FOR 10/8/84 K STATE REGISTRAR			TMENT OF I	E OF MARYLAND HEALTH AND MENTACHYG FICATE OF DEATH	YEWE 26 S	149	
	(TYPE	CEASED NAME FIRST OR PRINT) GILBE	ZT N	WIDDLE	6RI	ILLI Jr.	10.26.8	4	26. HOUR 2 14
	3. SE.	M	_	uu	7 MAINT	0F BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 58 YR	MONTHS DATS	HOURS MIN
34	1	RTHPLACE (STATE OR FOREIGN	1	WHAT COUNTRY	WIDOW		9. BALTIMORE CITY <u>OR</u> COUN Baltimore	City	٨
Partie	E	ry or town of DEATH Baltimore	(IF NOT IN SO	CHEACHITY GIVESTRE	pilal pilal	OR OTHER INSTITUTION	120 USUAL OCCUPATION (CTYPE OF WORK FOR MOST OF WORKING COUNTING DEPT	126. KIND OF BUILDUSTRY	
13E	130.	AL RESIDENCE (IF NURSING HOM		13t. STY OR 10			2401 Fleetwoo	d Avenue	ired 2121
- EDO	14. 84	THER'S NAME FIRST Gilbert	o Grilli	Sr. LAST		15. MOTHER'S MAIDEN NAM	O'Aloisa MIDDLE	EAST	
medicol		VAS DECEASED EVER IN U.S.	ARMED FORCES? The WAR OR DATES!	219-16		Mrs. Margare	et E. Grilli 24	01 Fleetw	21214 ood Av
ewent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only one couse per SED BY: IATE CAUSE (o)	Cardi	ac E	standstill		APPROXIMA BÉTWEEN ON	ATE INTERVAL
ial, crematian, ar r or ather troumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	(b)	R AS A CONSEO EU R AS A CONSEO BY	d or just of man	an failure			
injury, o	NO	PART 2. OTHER SIGNIFICAN	rent u	utvaab	doni	indirelated to the term	Zeptsod	. / /	nd bo
naws any	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	DN WAS PERFORMED	200 AUTOPS♥? 20b. IF IN CEF	YES, MERE FINDING RTIFYING CAUSES O YES	GS USED OF DEATH? NO
tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	Tau
h and Me irked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
. af Healt n 21 is ma		sow the deceased alive obove, (1) (we) (did) (did	on (0.	2.6 19	061		to 10 ° 26		
tote Depl			engue		H		MEDICAL STAFF DIRECTOR PHYSICIAN	10 · Z	6.84
MAPORTAN		22d. PHYSICIAN'S NAME OF	MANR	1002		22e ADDRESS	Hospital of	Beltu	vicose
3 3	23a. I	BURIAL, CREMATION, REMOVE	AL 23b. DATE	- 01		ew (emeteru	23d. LOCATION CITY OR TOWN Eldersburg	M. COUNTY	STATE
A 2/80 4)	24 F	pheral director Miller	Inc-641			250 DAT	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATUL	

Company Solto, w. redisone its in i rose in i ore contin lent, deta, steel-Dalto. x 2401 Fleetwood Avenue 21214 silier's millier. 1115 200 12 12m. 21-15-022 1110, incase 6, willi 2401 Lection wir.

Enrical 10-shall Editivien Conclusion join , little word of clain is - 120;

Eldersonne ich

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or remaval.

IMPORTANT. If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 5 6

,	'	REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO				
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	1	GAF	RETT	N	ICHOLAS	GF	IMES, Jr.		10	29	84	6:45	PM
	3. SEX	X		4 RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY		DER I VE AR	IF UNDER 24 I	
		MALE		WH]	ITE	MONT 9	15 YEAR 83	1	YRS	MONTHS	S DATS	HOURS A	WIN,
-		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY			EATH		
5		BALTIMORE		U.S.A.		WIDOW	D CO THE TEN MINISTED C		MORE	CITY	9		MD.
	10 CI	TY OR TOWN OF DEA	TH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUP				F BUSINESS	_
0		BALTIMORE		SAINT	AGNES HO	SPITA	L	TYPE OF WORK FOR MOS	f of working	LIFE) IN	DUSTRY	1.3	
6	13a. S	AL RESIDENCE (IF NURSI STATE ARYLAND	13b. COU		Baltimor	N	13d Inside City Limits? YES NO [130 STREET ADDRESS 2126 Harm		enue	21.	230	
	14. FA	THER'S NAME		MIDDLE	£AS1		15 MOTHER'S MAIDEN NA	AME					
C		GARETT	NI	CHOLAS	GRIME	S	Connie	WIDDLE			Do	nahue	1
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADI	RESS	212:	30		
	,	NO	(IF YES, GI	VE WAR OR DATES			Garett N. Gr	imes, Sr.	2126 I			ле.	
		18 CAUSE OF DEATH	1 (Enter or	nly one couse per	ing for to Job Con	dimita						MATE INTERVAL	ATH
		PART I. DEATH W		TE CAUSE	Perfore	tido	tress ulce	r, duod	nun	~			
			MMEDIA	015 × 016 × 19	11 0								
		Conditions, if any,	which	DUE 10: 01	Corebr	211	dema						
		gove rise to imm	ediate)			1 11	Carise	endel	Come	wall		_
		underlying couse	lost.	DUE TO, OF	RAS ACONSEQUE	INCE OF	legdroceshele	1 - CAUR	+				
		PART 2 OTHER SIGN	IEIC ANIT	(c)	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM		NIDITION C	20/51/01	0.007.1		
	NO	PART 2 OTHER STORY	IFIC AINT	CONDITIONS <u>CC</u>	DINTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CC	NUTTION)IVEN IN	PARETIC		
-	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	res, wer	RE FINDIN	IGS USED	
	IFIC							YES NOT	IN CER			OF DEATH?	
	ERT	71a, ACCIDENT WAS UND	ERLYING [7 216 TIME O	FINJURY		21c HOW INJURY OCCUR	-		(2)	P PART 21	140	
1		OR CONTRIBUTING C	AUSE OF DE	m111	M. MONTH DA			Territoria de la composição de la compos					
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE (19	211 LOCATION						
	WE	WHILE TO NOT WHI			PEET FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR	10WN	C	YINUO	STATI	E
		AT WORK AT WOR	K		1	101	1	10/2	9		217		
		22a I certify that (I)	-	- 101	01	art	nd that in (my (your) opinion	dooth secured on the	data and h	_, 19_9		that (I) (we)	1
		sow the decease obove IV (we id 22b. SIGNATURE	id (did ne	ot) view the body	ofter death.			- Geom occorred on the	dote ond R				3
		276. SIGNATURE	0.	191	0.		DEGREE ATTENDING	MEDICAL S'	AFF	1	20 DATE	SIGNED	,
		22d. PHYSICIAN'S NA	ME	- K KXL	cken	42	PHISICIAN	DIRECTOR PHY			/:	20/84	3
		11. ST	ME (TYPE C	LE LEW TI	gh c)	27e. ADDRESS	Lazes &		20	/		
		200	M	-ICKEN			34 0	1	me	DE			
		URIAL, CREMATION, F	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		. 01	NIY	ST AT	F
		Burial		11/1/8	4 D	11 ana	Valley Mem	Cockeye	vri 1 1 a	Ra	1 time	re Md	

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

OCT 3 1 1984 Julia Daviesa Augusta

AND THE RESERVE OF THE PARTY OF

mpletely filled in by the funeral director, and 2 should be filed within 72 hours after executed within TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complet should be detached for use as the buriol-transit permit. Then please remove corbonopers. Pages 1 and 5 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. [MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical example.] deoth certificate PHYSICIAN: The low requires that the etained by the hospital or attending physician.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL EYGIENS

6

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	MIDDLE	ı	AST .			EAR 26 HOUR
(TYP	PAULIN	E	GROM	IEK	October 12.	1984	1:00P M
3. SE	X	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS
	F	W	JAN	9 1893	91	YRS.	DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		тн
IP	CLAND	USA	WIDOWE	4	BALTO	CITY	MD.
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL,		OR OTHER INSTITUTION	126 USUAL OCCUPATION		IND OF BUSINESS OR
1	BALTIMORE	Church	HOSFI	ITAL	HOUSE W	IIFF.	JIK!
USU 13a	AL RESIDENCE (IF NURSING HOME OR C STATE 136, COUNT		OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	21224
1	mu -	- BAL	To.	YES NO	523 S. B	RADFO	RD ST.
14. F.	ATHER'S NAME FIRST M	IDDLE	LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE &		LAST
	1	STECTKO	WSKI	U	NKNOW	N	
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRE	2 6 70	
	40 -	2		HENRY GF	COMEK 34	3 SIBRE	
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED			10077 10 10070		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (o) ACUTE	CEREBROVA	ASCULAR ACCIDI	ENT		
		DUE TO, OR AS A CO		MONIT A			
	Conditions, if ony, which gove rise to immediate	(b) BILATI	RAL PNEUM	MONIA			
	couse (o), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF				
	DART 2 OTHER SIGNIFICANT CO	(c)					
Z	PART 2. OTHER SIGNIFICANT CO	DUDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PA	RT Ito
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
1 1					YES NOX	IN CERTIFYING CA	USES OF DEATH?
E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MON	TH DAY YEAR	IN THE WAIT			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOV	vn COUN	TATE
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY			0 1 1	10 01	STATE
	220.1 certify that (1) this hospita			mber 15, 84	October October	12, 1984	, that (I) (we) lost
	the deceased alive on e, (I) we) (did) did nat)	October 12,	_19_ <u>84</u> on	d that in (my) our) pinion	death occurred on the do	te and hour and from	m the causes stated
	THY TINANI	21.00 8/1		DEGREE			DATE SIGNED
	muyes	I LEVOX		ATTENDING PHYSICIAN [MEDICAL STAF		0/12/84
	22d PHYSICIAN'S NAME IT TAIL			22e ADDRESS CHI	JRCH HOSPITA	L	
		ELLI, M.D.		100 N. BROAL	DWAY, BALTO.	, MD 2123	1
23a 1	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CI	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
B	URIAL	10/15/84	HOLY	(OSHRY	DUNDAL	K	MP,
24 FI	JNERAL DIRECTOR	^	DORESS 401	3.	E REC'D. BY REGISTRAR	Sh REGISTRAR'S SIC	GNATURE
10	HN MWEBER 4	SONS INC CI	ESTER	ST. OC	17984	pula Daydon	n-fändete.

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

TO HOSPITAL

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TELL DES SE DES SELLE SELLE ma - souls x souls - and THE CLICK STILL IN THE STATE OF TO THE THE PERSON OF THE PERSO WARRING BERTHAM ENERGE STEEL SE DET 19 KRA JULIANA FALLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL AYGIENE

5 5

1.	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0.		
	CEASED NAME FIRST		WIDDLE	t.	AST	,	20 DATE OF DEATH	MONTH DAT	-1	26 HOUR 220
	Anı		E		ross		,	10 -12		J.P. M.
3. SE		4 RACE		5 DATE C		YEAROS	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN.
1	Female		ite	6	13	1897	87	YRS.		
7n. B.	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER A	ARRIED XX	Baltimore city of Baltimore		FDEATH	MD.
	altimore	Edgewood	HOSPITAL, NURSIN CHEACHITY, GIVE STREET DO NURSIN	G HOME C address) B Home	OR OTHER INST	ITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secret	ON DE WORKING LIFE) ary	12b. KIND O INDUSTRY	OF BUSINESS OR
ersU.	AL RESIDENCE (IF NURSING HO)	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE		13d. INSIDE C	TY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
Section 1		altimore			YES [NO VE	6808 Blenh	eim Rd.	21.21	2
14. FA	Jöhn	WIDDLE	Gross			maiden na/ aren	WE		Unkno	wn
	VAS DECEASED EVER IN U.S YES. 110 RUNKNOWN) (IF YE	S. GIVE WAR OR DATES]	212-03-0		Mr. R		Dallmus 502		iilly !	Rd. 21204
	18 CAUSE OF DEATH LENTE PART I. DEATH WAS CA IMME Conditions, if ony, which gove rise to immediate couse to 1, storting the underlying couse lost	DUE TO, O	IN AS A CONSEQUE	eed ENCE OF					APPROX BETWEEN	IMATÉ INTERVAI ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICA Retical 190 DATE OF OPERATION	Hobon c	ONTRIBUTING TO DE	urder		re le	INAL DISEASE OR CON LEMEL . 200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDIN	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH HOUR A	DFINJURY .M. MONTH DA .M.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PAR	I OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE F		211 LOCATIO	N	CITY OF TO)WN	(OUNIY	STATE
	22a I certify that this h			AP.	nd that in (my)	19_84	to 64	nte and how s		that (1)(we) last
	sow the deceosed oliv obove, (1) (we) (did) (di 22b. SIGNATURE	id nat) riew the body	ofter deoth.		DEGREE	(our opinion		ore and noor c	22¢ DATE	
	Christm	LK. He	mande	in M	DD		MEDICAL STA		10-	13-84
	Christine	Herr Herr	andez		1172	Reis	tero Swa	RO. R	eister	Som nowh
230. [BURIAL, CREMATION, REMO		23c. h		emetery or o		23d LOCATION GIV OF TOWN Baltim	ore	COUNTY	Md.
	uneral director tchell-Wiedet	feld (5500 York	Rd.		25a DAT	E REC'D. BY REGISTRAR	256 REGISTRA	Davidson	77 1 1 00
L							M 1 1 0 120.	T		

DHMH - 16 50M 4/83 (VRA 15, 4)

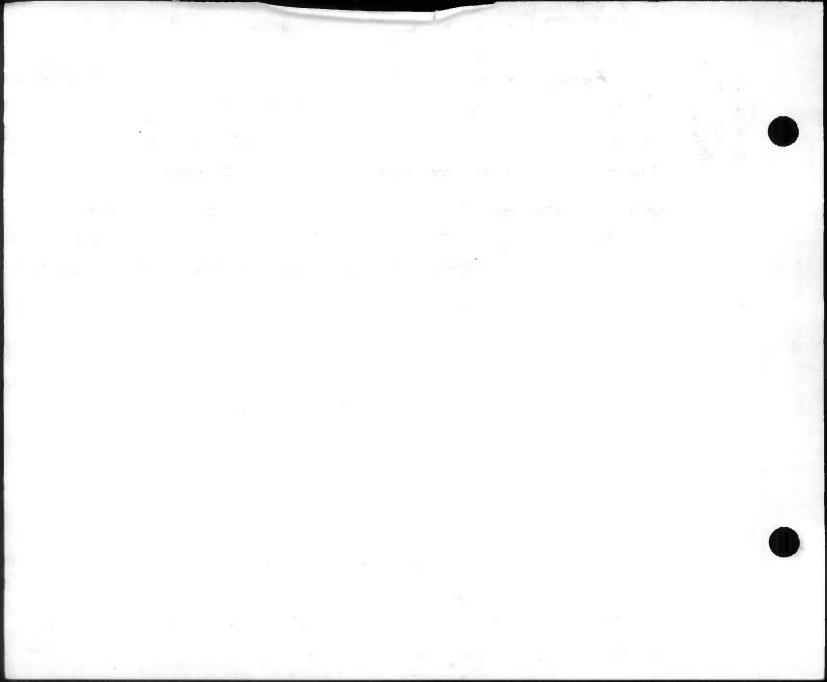
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eroined by the hospital or ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and ceshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

18 shows ony injury, or other troumotic event;

IMPORTANT: If them 21 is morked or them



STATE OF MARYLAND

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-			315	-

1.	STATE REGISTRAR	DE	CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST C		Richardi	Grove	20. DATE OF DEATH MONTH	29 84 355 A
3. SE	Male	1 RACE White	S DATE C		6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DATE HOURS MIN.
7a_BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
	Maryland	U.S.A.	WIDOWE		Baltimore	City MO.
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
USU	Baltimore AL RESIDENCE (IF NURSING HOME O	ST A 91 OR OTHER INSTITUTION GIVE RESIDENCE		OSP	Carpet Clea	ner Calvert
13a. S	Md. Ba	- 1	nsville	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 15 Ingleside	
14. FA	ATHER'S NAME		AST	15. MOTHER'S MAIDEN NA		LAST
	John	Grov		Cora	MIDDIE	Huff
	WAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	
	Yes	218	3-08589	Elizabeth (Frove same as	#13
1100	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		(b), and (c).)	000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0)	GIUC H	51/39212		
		DUE TO, OR AS A CON	SEQUENCE OF			
	Conditions, if ony, which gove rise to immediate	(p) 7 1	P. WIT			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEOUENCE OF			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION O	GIVEN IN PART 110
O N	Prostat	ic CA WI	indesi	onedo mo	tastases	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED .	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } } } \text{ \text{ \text{ \text{ \text{ \text{ NO } } } } \text{ \tex{
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONT		214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART T OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	SIREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (I) (this hosp	nital) attended the deceased n 290 (\$\frac{1}{2}\tag{2}\ta		nd that in (my) (our) opinion	deoth occurred on the date and h	our and from the causes stated
	obove,((1)(we) (did) (did n 22b, SIGNATURE	ot) view the body after death		DEGREE		22c DATE SIGNED
(Doing &	sund t	M	ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	10/29/84
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	31 10	22e ADDRESS		
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION (1TY OR TOWN	COUNTY STATE
24.5	Burial	10-31-84	Meadow	ridge Mem F	K ELkridge	Howard Md
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IAT	acNabb Funer	al Home Ca	tonsvil	le Md ho	7 1 100A	Knistern Thomas Re

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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	VO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and compilator fulled to by the fundate should be detached for use as the burial-transit permit. Then please remove corbon papers. Fugger 1 and 2 thould be filled Hithin 22 had with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	IMPORTANT: If them 21 is morked or them 18 shaws ony injury, or other troumotic event, the medical agent of man be not that or duck
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6	2 2	1
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DHMH - 16 50M 4/82 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL LYGIENE
CERTIFICATE OF DEATH

26954

		REGISTRAR			CLKIII	ICAIL OF	DEATH		REG. NO.				
		CEASED NAME FIRST E OR PRINT)		MIDDLE	L	AST		20. DATE OF D	EATH MON	TH DAY	YEAR	2b. HOUR	_
		MAF	RIE		GUA	NSON		OCTOB:	ER 5.	1984		6:027	M
	3. SE		4 RACE		5. DATE C		YEAR	6. AGE IN YEA		Y) IF U	UNDER I YEAR	#F UNDER 24 HE	5
Ц		Female	White		Dec		1927	56		YRS.	Jan 3	Ours	4.
I	7a. BI	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED	9. BALTIMORE	CITY OR CO	O YTHUC	DEATH		
		Hawaii		S.A.	WIDOWE	D 0	NORCED	BALTI	MORE	CIT	Y		MD.
70	K	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET		R OTHER IN	MOITUTITE	120 USUAL OC		RKING LIFE)	12b. KIND C	Amer.	OR
÷		BALTIMORE		OHNS HO		HOSI	PITAL	Accou	ntant	A	ssoc.	of R.P	
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1	14. F.A	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM		MIDDLE		IA.	51	
L		Angel		Guanson			ria	Mar	quis		Arti		
2		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU	_	17. INFORM			ADDRESS	reder	ricks)	burg, Va	
		No No		575-22-0	5037	Barbs	ra J. K	eller,	Rt. 1	Bex]	151-M		
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per			141	1				BETWEEN	ONSET AND DEAT	н
-1		IMMEDIA	TE CAUSE (o)	Cardu	ac o	rried	1				50	mym	I.
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		Conditions, if ony, which gove rise to immediate (b)									1,	DO TIVL	7
		couse (a), stating the underlying cause last.	DUE TO, OF	AS A CONSEQU	ENCE OF		V						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NITRIBUTING TO	DEATH BUT	NOT BELATE	D TO THE TERM	NIAL DISEASE S	20.000.000	211 0 115			_
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1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	WAS PERF	DRMED	20a AUTOPS				NGS USED	
1	TIFIC	10/2/84	End	ometri	al C	cran	oma	YES ON	NI ACTOR	CERTIFYIN YES T	G CAUSES	OF DEATH?	
7	CER	210. ACCIDENT WAS UNDERLYING	110000	FINJURY	AN WEAD	21c. HOW II	VJURY OCCURR		RE OF INJURY IN I		TORPART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIB .		AT TEAK								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE			21f LOCAT			CITY OR TOWN		COUNTY	STATE	_
	2	AT WORK AT WORK	(A) HOME SIK	TET, PACTORY, OPPICE Y	ARM, ETC.)	SINE			THE OR TOWN			31416	
		22a I certify that (I) (this hosp	ital) attended the	deceased from_		1/30	, 1964		015	, 19_	34	that (I) (we) la	ost
	\mathcal{A}	sow the deceased alive or above, (1) (we) (did) (did no	at) view the body	ofter death.	, an	d that in (my) (our) opinion o	death occurred o	on the date o	nd hour on	d from the	couses stated	
		226. SIGNATURE	1	110		DEGREE					27t. DATE	SIGNED	
	2	6.6	anse	n Mil			PHYSICIAN [MEDICAL DIRECTOR	PHYSICIAN	0	101	5/87	
	83	226. PHYSICIAN'S NAME TYPE		/		22e ADDRE					7	1	
		CORNELIU					US HOPK	INS H	OSPIT	TAL,	SUR	GERY	
	(BURIAL, CREMATION, REMOVAL					CREMATORY	23d. LOCATION	TOWN	cr	YINUC	STATE	
		urial/Removal	10/10/		amond	Head	Memoria	l Cem.	Hono	lulu,	Hawa	dd.	
	24 PU	JNERAL DIRECTOF SEPH 5130 Wisc. Ave	GRATEL E	WachADDRESS T	C		250. DATE	REC'D. BY REG	STRAR 256 F	REGISTRAR	ES,SIGNAT	URE dalle	
		JAJO HABOO AVE	140110	Merches T	-		00	1 4 4 14	14.			-	

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should be detached far use as the burial-transit permit. Then please remaye carban pape with the State Dept- of Health and Mental Hygiene priar to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any

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	REGISTRAR	annie	M. Gun	ther	CEKTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	A	AIDDLE	l l	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
TYPE	OR PRINT)	nnic	1	M. Gu	inth	ev	10	-13-	84	8:31PN
3. SE	X	4	. RACE		5. DATE C		6 AGE (IN YEARS LAST RIT		FUNDER I YEAR	IF UNDER 24 HRS
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	RTHPLACE (STATE OR F	OREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
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10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON OR INC.	12b. KIND O	F BUSINESS OR
B	gitimore	City	SOUTH	4 Balti	mance	General	Housewife	1 40000110 (112)		Maker
13a. S	AL RESIDENCE (# NURS	136 COUNT		13t. CITY OR TOW		1138 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	212	225
1	no	===	=====	BG 17:1		YES NO	309 F	Je	2ffer	" ST
14. F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA			2	7
	Frank		L.	McBurn	ney	Unknown	MIDDLE		Unk	known
16n_V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS		
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-42-6	223	Charles J. (Junther	Same	e as 13	}e
	18 CAUSE OF DEAT	1.5 . 1		1 1	1.				APPROXI	MATE INTERVAL
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	gave rise to imm		DUETO	R AS A CONSEQUE	NCE OF					
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z	PART 2. OTHER SIGN	VIFICANI CO	ONDITIONS CO	\		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART TO	3
은	11/2	nein	3-1/	1017Eas				Toronto		
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
ER	21a, ACCIDENT WAS UNE	ERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR		RY IN ITEM 18 PAR	RI 1 OR PART 21	
	OR CONTRIBUTING		I HOUR A	M. MONTH DA	YE AR		The Artist with the Park			
CA	(IF EITHER, NOTIFY MEDIC	CALEXAMINER)	Ρ.,	M.	19					
WEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY	4 PAL 57C 3	211. LOCATION	CITY OR TO	JWN	COUNTY	STATE
2	AT WORK NOT WH		TAT HOME, STA	EET, FACTORT, OFFICE, F.	ARM EIC J					100.000
1	220.1 certify that (1)		_0	e deceased from_	3-86	10-13.19 84	, to	13 1	954	that (I (we) last
	saw the decease abave, (I) (we) (a			after death.	7 01	nd that in (m) (aur) apinian	death accurred on the d	ate and haur	and from the	causes stated
	226. SIGNATURE					DEGREE		11001	22c DATE	
	Rhome	2/	Lukan	a mi)	ATTENDING PHYSICIAN [MEDICAL STA		10	-13-89
	224 PHYSICIAN'S NA	AME TTYPE OR	PRINT	1		22e ADDRESS				
	Who o	h	106-	00 0	1	3011	F Han	.0.		

23c NAME OF CEMETERY OR CREMATORY
Meadowridge Mem Pk

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TO HOSPITAL

Meadowridge Gonce 4001 Ritchie Hgwy Balto Md 250 DATE RECID. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

10/17/84

230 BURIAL, CREMATION, REMOVAL (SPECEY) Burial

23d LOCATION Dorsey

Howard

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219-12-623 Janton J. Burton: School of Light

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME 2b. HOUR FIRST 60221 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH YEAR 13 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED' Varconie DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Levinson Kle +0) ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN BALTO.C NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES -216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY STATE

saw the deceased alive an. abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR | PHYSICIANY

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, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

22c. DATE SIGNED 6

21d INJURY OCCURRED

10/1

22a.1 certify that (1) (this hospital) attended the deceased fram.

22e ADDRESS

ATTENDING

PHYSICIAN

22 S. Grune ST.

23b. DATE

23d LOCATION

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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24 FUNERAL DIRECTOR

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death. Page 4

within 24 hours ofter

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death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

FOR STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENES CERTIFICATE OF DEATH

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11							REG. N			100	
		EASED NAME FIRST	M.	ODIE		AST	0 4	MONTH DA	YEAR	2b HOU	R
100		George		(Ho	idaway, Ir.	October 2	25, 198	34		
3	3 SEX	·	4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER	-
33		Male	Cauca	sian	Jus	Ly 29, 1907	77	YRS	ONTHS DATS	HOURS	M
ai = 7	7a. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8		9. BALTIMORE CITY C		OF DEATH	_	
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34	10.012	Manyland	UJA	0.000	WIDOWE			0 0		C 011C 1011	
fied		Y OR TOWN OF DEATH	LIF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O		
(0)		Baltimore	408 1	innabel t	venue	2	Ret. Doc	aworken	R.7	?. Ya	no
	USUA 130. ST	RESIDENCE (IF NURSING HOME CLATE 136, COU		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	11. STREET ADDRESS	/ 710 CODE	0.10		
SE.	AA	anyland		Baltimo	110	YES X NO	13e STREET ADDRESS	ibel Av	10.	2122	5
E 1		HER'S NAME		Darocana	,,,,,	15. MOTHER'S MAIDEN NAM			,		_
E		O FIRST	MIDDLE	Hadama.		Ludia	MIDDIE		Bro	31/83	
*20		Joseph	71.	Hadaway		- 1	ADDR	c c	Dicc	TUT L	_
O O		AS DECEASED EVER IN U.S. A S. NO OR UNKNOWN) (IF YES. G	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		44			
e e		No		219-16-6	0868	Rena Hadaway	Same of	us #13			
ŧ -	I	8 CAUSE OF DEATH (Enter o	inly one cause per l	ine far (a), (b), and	d (c).)				BETWEEN	MATE INTE	DE
en		PART I. DEATH WAS CAUS	/	arcins	ma	of the lung			10 m	onta	4
6	- 1	IMMEDIA	TE CAUSE (a)(1500000	,	1			100	0 .07	
10th	200		DUE TO, OR	AS A CONSEQUE	NCE OF	•			10000		
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othe		underlying cause last.	DOL TO, OR	AS A CONSEQUE	1402 01				Total I		
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<u>×</u>	CERTIFICATION	90 DATE OF OPERATION		W MONO		N WAS PERFORMED	20a AUCOPSY?	and the same of th	WEREFINDIN	IGS LISE	
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h	W.	ZIE INJURY OCCURRED				211 LOCATION					TATE
io pa	Σ	WHILE THE NOT WHILE TO	(AT HOME, STRE	ET. FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY		
orkedor		WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO		8.1		
is marked ar		WHILE NOT WHILE AT WORK AT WORK (1) (this hasp	(AT HOME, STRE	deceased fram	SEPT	STREET 19 84	to _OCTOP	SER 12,10	9 84	that (f) (we)
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lem 21 is marked ar		WHILE NOT WHILE AT WORK AT WORK (1) (this hasp	(AT HOME, STRE	deceased fram	SEPT 84, or	STREET 19 84	to _OCTOP	SER 12,10	9 84	that (1) (we)
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NT: If Hem 21 is marked ar		WHITE NOT WHITE AT WORK 22a. I certify that (1) (this hasp saw the deceased alive above, (1) (we) (did) (did in 22b. SIGNATURE STATES AT WATER AT WORK AT	(AT HOME, STRE	deceased fram	SEPT 84, or	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	to _OCTOP	SER 12,10 ate and hour	9 <u>84</u> , and from the	that (1) (we)
ANT: If Hem 21 is morke		while NOT WHILE AT WORK 22a. I certify that (!) (this hasp saw the deceased alive a above, (!) (we) (did) (did n	(AT HOME, STRE	deceased fram 12 19 ster death	SEPT 84, or	STREET 19 8 4 19 19 8 9 That in (my) (our) opinion of DEGREE	, to <u>OCTO</u> f eath occurred on the d	SER 12,10 ate and hour	9 <u>84</u> , and from the	that (1) (we)
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MPORTANT: If Hem 21 is marke		WHITE NOT WHITE AT WORK 22a. I certify that (1) (this hasp saw the deceased alive above, (1) (we) (did) (did in 22b. SIGNATURE STATES AT WATER AT WORK AT	(AT HOME, STRE portal) attended the OCT. at view the bady of Tan chu OR PRINTI	deceased fram 12 ther death.	SEPT 84 or	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	, to <u>OCTO</u> f eath occurred on the d	SER 12,10 ate and hour	9 <u>84</u> , and from the	that (1) (we)
MPORTANT: If them 21 is marke	23a Bt	WHITE NOT WHITE AT WORK AT WOR	(AT HOME, STRE DOITGE) DOLT. DOLT.	deceased fram 12 ther death Max HILD 1231	SEPT 84 or M.D.	DEGREE ATTENDING PHYSICIAN ZZe ADDRESS WNIV: DF M EMETERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	SER 12,11 ate and hour of	9 84 , and from the 22c DATE 10/	that (1) (we)
[MPORTANT: If Item 21 is morke	23e BU	WHIE NOT WHIE DATWORK AT WORK	(AT HOME, STRE DITAL) attended the OCT. at view the bady of Tan chu OR PRINTI	deceased fram 12 19 19 19 19 19 19 19 19 19 19 19 19 19	SEPT 84 or M.D.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS UNIV. DE M EMETERY OR CREMATORY ridge Mem. Pk.	medical STA DIRECTOR PHYSIC ARY LAN 238. LOCATION Elkridge	SER 12,11 ate and hour of	9 84 , and from the 22c DATE 10/	that (1) (we)
MPORTANI: If New 21 is mark	23e BU	WHITE NOT WHITE AT WORK AT WOR	AT HOME, STRE ORTHORITE TAN CHU OR PRINTI FANCE 1 23b DATE 10/29	deceased fram— 12 19 ther death HILD / 1984 Me altopopers	M.D. NAME OF CE	DEGREE ATTENDING PHYSICIAN 220 ADDRESS UNIV. DE M EMETERY OR CREMATORY ridge Mem. Pk.	eath occurred on the demonstration of the demonstra	SER 12,11 ate and hour of	9 84 , and from the 22c DATE 10/	that (1) (we

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, at ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician

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executed within 24 hours ofter

	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL NEGIENT
= STATE	CERTIFICATE OF DEATH

	1-	STATE REGISTRAR		DEPAK		ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST OR PRINT) HAL		MIDDLE	IAM	Nr, SR.	20. DATE OF DEATH	MONTH DAY	SK-	305PM
	3. SEX	M	RACE	W	-		6. AGE (INYEARS LAST BIR	YRS	HS DAYS	HOURS MIN.
5	C	OUNTRY) Md.	U	WHAT COUNTRY SA	MARRIE		9 BALTIMORE CITY O Baltimor	e City,	DEATH	MD.
)	Ва	TY OR TOWN OF DEATH altimore	PEATO	MEDINE STRE	CAL C	ENTER INSTITUTION	(TYPE OF WORK FOR MOST O Salesman		NDUSTRY	of Business or Ltest
1	USUA 13a S	AL RÉSIDENCE (IF NURSING HOME TATE 136 CO		Baltimo	WN	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e STREET ADDRESS / 525 Tunb	ZIP CODE ridge R	oad	21212
1	14 FA	THER'S NAME FIRST Elija	h Hale	LAST		15. MOTHER'S MAIDEN NA FIRST	Ida F. Wh		LAS	ST
		VAS DECEASED EVER IN U.S. (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	216 10		William N. H	ale, Jr. 1			St21217
	NOI	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b) 2 DUE TO, O	R AS A CONSEO	etel DUENCE OF		tio Ca		IN PART 1:	lo'
/	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20h. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED S OF DEATH? NO
	MEDICAL CEI	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMPLE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e.1 certify that (1) (this has saw the deceased along the provided of the contribution o	DEATH HOUR A PRY) 21e PLACE (AT HOME ST	M. MONTH M. OF INJURY REET, FACTORY, OFFICE The deceased from	E, FARM, ETC.)	216. HOW INJURY OCCURION 216. LOCATION STREET 217. LOCATION STREET 218. ADDRESS 218. ADDRESS	city or to	J 19_ ate and hour an	COUNTY & Y , d Irom the	state that ((we) last e couses stated E SIGNED
	23a. B	Burial CREMATION, REMOV	236. DATE 10/2			EMETERY OR CREMATORY Ridge Cem.	23d LOCATION CHY OR TOWN Baltimor	e, Md.	PINUC	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. INC.

6500 York Rd. NOV

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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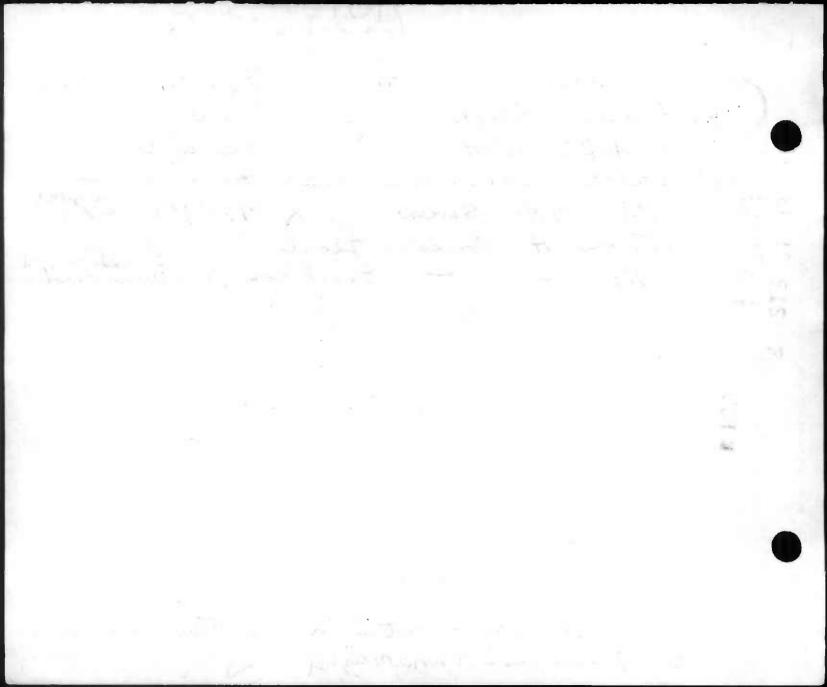
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENT

6

1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND CERTIFICATE OF		REG. NO.	7 3	7
	CEASED NAME FIRST	MIDDLE	[AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYP)	BARBARA		HALL			1984	4:14Am
3. SE	Temale	Black	5. DATE OF BIRTH	1953	AGE (IN YEARS LAST BIRTHDAY) YR	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (ATATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED A NEVER	MARRIED	BALTIMORE CITY OR COU		
10 C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (# NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER IN:	STITUTION 12	BALTIMORE C USUAL OCCUPATION DOE WORK FOR MOST OF WORK		MD. OF BUSINESS OR
	BALTIMORE	THE JOHNS HO	PKINS HOS	PITAL	Housewell	1	7446
l la.	STATE 139 COUNTY			NO X	STREET ADDRESS LIP CO	lage,	Zalia
0	ATHER'S NAME	MODIE 2/ LAST	15. MOTHER	FIRST PARE	WIDDIE	2/2 10	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR WIKNOWN) (#FYES, GN	RMED FORCES? 166, SOCIAL SECTION OF DATES	URITY NO. 17 INFORM	ant Thos	ADDRESS 20-78070	Vinte	ine Dr
	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), as ED BY: TE CAUSE (a)	o Milmerally	Anest		BETWEEN	MATE INTERVAL ONSET AND DEATH
	MAREN	DUE TO, OR AS A CONSEQU	JENCE OF				
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	JENCE OF				
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	Pare TERMINA	() ()	GIVEN IN PART TO	a
CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH	HOPERATION WAS PERF	ORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FIND II RTIFYING CAUSES YES [NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D	PAY YEAR	VJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	IB PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCAT		CITY OR TOWN	COUNTY	STATE
	saw the deceased alive on	at of the view the body ofter death.	84 and that in (my) (aur) apinion dea	th occurred an he date and		that (I) (we) last causes stated
	22b. SIGNATURE	Inna	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	13/84
	22d. PHYSICIAN'S NAME (TYPE O	Parking Parking	Promise 220 ADDRE	John!	Hertun 1	Hospita	D
230.	BUBIATO CREMATION, REMOVAL	23b. DATE 23c.	name of CEMETERY OR	CREMATORY	Lothian	AA.	mal
24. F	UNERAL DIRECTOR PLESEX	Sons - ans	rapolis, V	DCT	2 4 1984	SISTRAR'S SIGNAT	Pandell

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BEGIENE

6

1		STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG	. NO.			
1		CEASED NAME	FIRST	/	MIDDLE	ı	AST		20 DATE OF DEATH	HTMOM H	DAY YEAR	25 HOU	R
-			LORI	A	S	HALL			OCTOBER	31.	1984	03:	28/ar
	3. SEX	Female		4. RACE B1	ack	S. DATE C		26	6. AGE (IN YEARS LAS	T BIRTHDAY)	FUNDER LYFA		24 HR5 MIN.
)		RTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER A	AARRIED	9. BALTIMORE CIT				MD.
-	100	LTIMORE	TH		HOSPITAL, NURSIN				12a USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSINE	SSOR
5	USUA 13a S	AL RESIDENCE (IF NURS TATE MD	13b. COUP		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltim	N	13d INSIDE C	ITY LIMITS?	136.STREET ADDRES	s/zipco	ch Ave	2121 nue	.8
0	14 FA	John	79	MIDDI E	Huff			MAIDEN NAME	e		H	åst uff	
		VAS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU 217-20-		17 INFORMA Yvett		ddock 17	DRESS GO			
		18 CAUSE OF DEATH PART I. DEATH W			line for (a), (b), one for fal C	irus Co	atom a	ccent			APPROBLET WEE	2 MI	
		DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate (b) Candiopulmonary arrest											
		gave rise to immediate cause (a), stating the underlying cause last: DUE TO, OR AS A CONSEQUENCE OF pancillatic Cancle (c) de Ssemmatal Pancillatic Cancle							6 montas				
	NO	PART 2. OTHER SIGN	1	Lution Co	a.s.	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	NOITION	GIVEN IN PART	t(a)	
	CERTIFICATION	190. DATE OF OPERAT	ION 4		From FOR WHICH		-		200 AUTOPSY?	IN CE	YES, WERE FIND RTIFYING CAUSI YES		H?
		216. ACCIDENT WAS UNE	AUSE OF DE	NIT I	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR PART 2		
	MEDICAL	21d. INJURY OCCURE	IILE 🗍	21e. PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	N	CITY O	RIOWN	COUNTY	5	STATE
		22a.l certify that (I) sow the decease above, (I) (we) (c	this hosp	10/30	19	10/15 84 ar		, 19 <u>84</u>	ta, ta	e date and	haur and from the	, that (1) (the causes sta	ve) ast
		22b. SIGNATURE C Las.	D	Fran		mD		TTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	STAFF YSICIAN D	22c. DA	SIGNED	84
Sept.		Charles	D.	FRAS	ER JR		601		Broadwa	y Ba	Mimore	212	05
83	23a. B	URIAL, CREMATION,	REMOVAL	100000	D		EMETERY OR		23d LOCATION CITY OF TOWN		COUNTY	MĽ	JATE
-	24. FL	Burial UNERAL DIRECTOR		111/5/	/84 B	art11	more N		Balti E REC'D. BY REGISTE				
23.		NAME	rch	F/H 1	101 E,	Nort	h Ave		1 1984		Davidson	Brokess	-

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed within 72 hours of with the State Bogger of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumotic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

ecuted within 24 hours after death. Page 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMEN

REGISTRAR 256, REGISTRAR'S SIGNATURE

T OF HEALTH AND MENTAL	GIENE	2	6	7
ERTIFICATE OF DEATH		REG. N	10.	
	1.0	DATE OF DEATH		Th. 4.14

REGISTRAR				CEKITE	ICAIE OF DEATH	REG.	NO.			
I. DECEASED NAME	"FIRST"		HIDDLE		A51*	20. DATE OF DEATH	MONTH	DAY YEAR	2b. Ho	
(TO CONTRIBUTE	MAR	GUERITE	ELIZABET	CH HA	LL		10.	23 8	1 7	7 ZUM
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAY		DER 2 HRS
Female		White		June	22,1906 YEAR	78	YRS.			MIN.
a. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
Marylan	d	USA		WIDOWE		Baltimo	re Cit	ty		MD.
O. CITY OR TOWN OF	DEATH			IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA				INESS OR
Baltimo	re	Good	Samaritai	n Hosp	oital	Hairsty	Tist	IFEI INDUSTR	(Y	
USUAL RESIDENCE (IF) 130. STATE Maryland	13b. COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimos	N	136. INSIDE CITY LIMITS?	130 STREET ADDRESS	ch Ra	ven Bl	vd.	21218
4. FATHER'S NAME			7.44		15. MOTHER'S MAIDEN NA	ME				
Francis	Edwar	d Farley	LAST		Anna Mai	rie Strohe			LAST	
60. WAS DECEASED EN	ER IN U.S. AI		16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADD	RESS		-	
NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	215-32-0	0790A	Mrs. Ann F.	Sullivan	Sai	me		
III. CAUSE OF DE	ATH (Enter o	nly one couse per	line for (a), (b), and	d (c).)				APPR	OXIMATE IN	VIERVAL AND DEATH
PART I. DEATE	WAS CAUS	ED BY: TE CAUSE (0)	SEPS	15				12	h	
	IMMEDIA									
Conditions, if a	any which	DUE TO, O	R AS A CONSEQUE	ENCE OF						
gove rise to	immediate	16)					_			
underlying co		DUE TO, OI	A CONSEQUE	EPP	LER'S DI	ISEASE				
PART 2 OTHER S	IGNIFICANT	107			NOT RELATED TO THE TERM			VEN IN PART	liai	
		20.10111011032								
190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIN	DINGS U	SED
¥						YES NO		IFYING CAUS	NO	
210. ACCIDENT WAS	_	21b. TIME O		AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART I	2)	
OR CONTRIBUTING		AIR		AY YEAR	200					
(IF EITHER, NOTIFY / 216, INJURY OCC		21e. PLACE	OF INJURY		21f. LOCATION	CITY OR	COWA!	COUNTY		STATE
Anute NO	T WHILE WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY ON	/	COOKIT		STATE
220.1 certify that		ital) ottended th	e/deceased from_	1.0	19 84	P . 10	5/23	19 84	that (D(we) lost
		at view the body		84.01	nd that in (my) (our) opinion	death accurred on the	date and ho	ur and from t	he couses	stoted
22b. SIGN ATURE	did n	Wview the body	offer death.		DEGREE			22c. DA	TESIGNE	ED /
X	1 X	ail ?	dri la	n	ATTENDING PHYSICIAN D	MEDICAL ST	AFF	110	1/23	3/84
226. PHYSICIAN'S	NAME ITYPE	OR PRINT)			220. ADDRESS	DE INCCION DI FITTO	CIAI		1	
S. G	ail Wi	lson, M.	D.		Good Samarita	an Hospita	L, Bal	to., M	d.	
230. BURIAL, CREMATIC	ON, REMOVA	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	236 LOCATION				
Burial	11:00				nd Memorial Pi	R Parkvil	le. Ra	TTO C	0	STATE

Mitchell-Wiedefeld Home, Inc. Balto., Mfl. 21212 OCT 2

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar ottending physician A CALL OF THE PARTY OF

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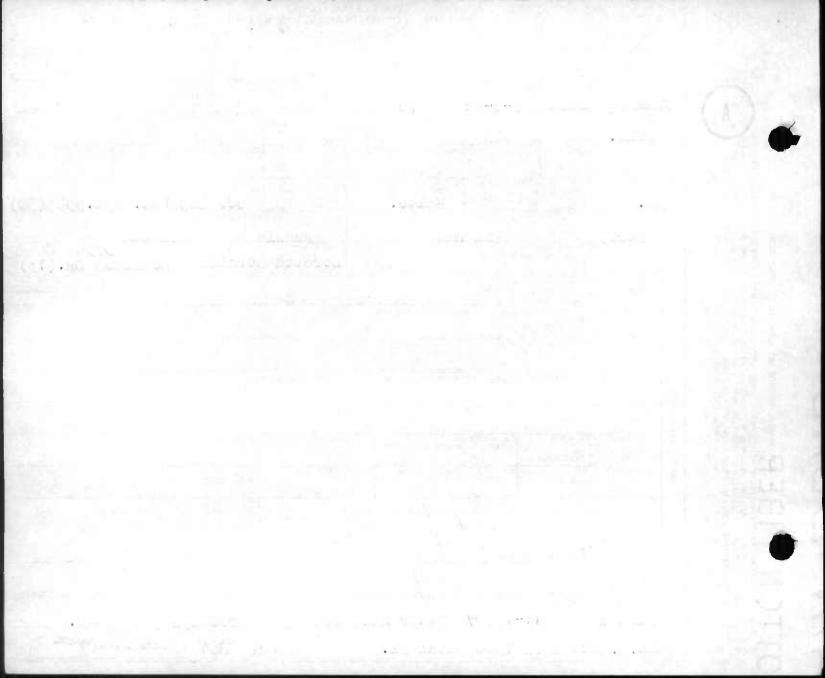
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20M 4/B2

STATE OF MARYLAND



1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENES

2	6	9	6	3

	1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
1	1. DEC	EASED NAME	FIR51	,	WIDDLE	6	TZA	20 (DATE OF DEATH M	AONTH DAT	Y YEAR	2b HOU	F 48. 24
	1000	JAN	MES	5/	R.		NOTIN			0 29	184	95	M
	3 SEX			4. RACE		5. DATE C			GE (IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER	24 HRS
		Male		White		Feb.			36	YRS.			,,,,,,
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 B	ALTIMORE CITY OR				
1		Illinois		US		WIDOWE				timore			MD.
1	1	n of town of DEA Baltimore		Sinai	HOSPITAL, NUR: HEACILITY, GIVE STR HOSPIT	SING HOME (EFT ADDRESS)	OR OTHER INSTITUTION		usual occupation of work for most of volume l		126. KIND C INDUSTRY U.S		ess or
6	USUA 13a S	AL RESIDENCE (IF NURS TATE	13P CON	OTHER INSTITUTION,	13c CITY OR TO	NWC	13d. INSIDE CITY LIMIT	TS? 13e.5	STREET ADDRESS / 1	ZIP CODE	Rd.		
2	PT) FA	THER'S NAME					15 MOTHER'S MAIDE			1101 00		,	
Ø	1	John	Т	WIDDLE	Hamilto	on	Louet	ta	May	P	ing in	ST	
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES	1	Raleig		
-		Yes	WW		219 34	4669	James R	. Har	milton. J	r.	NC 2	7607	
1		18 CAUSE OF DEAT	H (Enter ar	ly ane cause per							APPROX BETWEEN	ONSET AND	DEATH
		PART I. DEATH W		D BY: [E C AUSE (a)	Respir	atory	Avrest				5	min	
				DUE TO O	R AS A CONSEC	JUENCE OF					+7		
		Canditions, if ony,	which	((b)	45.5	morry					110	eral	
		gave rise to imn		DUE TO O	R AS A CONSEC	DUENCE OF					-	7	201
		underlying couse	lost.	(()		ration					10	wy	
		PART 2. OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 1	a	
6	o N	CUPI	9,	AS CA!									
7	CERTIFICATION	19a DATE OF OPERA	TION /	19b. COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20		20b. IF YES, V	WERE FINDING		
	TIFF							Y	ES NO	YES		NO [
3	8	218. ACCIDENT WAS UND	_	LUCUS A	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART	T I OR PART 2)		
7	SAL	OR CONTRIBUTING C		in .		19	A44.6						
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY		211. LOCATION		CITY OR TOW	N	COUNTY	5	STATE
	E	AT WOT WHAT WOT AT WOT	RK	[AT HOME, STA	REEL, PACTORY, OFFIC	E, FARM ETC.	Since						
		22a.1 certify that (1)			e deceased from	n 10/	10/84 19_	84	10 10/29	, 19	84	that (1) (ver jost
		saw the decease aboye, (I) (Ve) (c	did) (did no	TU/29/	after death	\$4,0	nd that in (my) (or) p	union death	occurred an the date	e and havi a	and from the	causes sta	ated
		771 SHOWLETURE	, I		^		DEGREE				22c DATE	SIGNED	100
		Meny	for	ma "	1082		ATTENDII PHYSICI		EDICAL STAFF		14	29/	84
		224 PHYSICIAN'S NA	AME (TYPE C	R PRINT)			22e. ADDRESS		/				
		Steve	n L	erman			Strai 6	les pitu	1 Bult	190	6		
ī	1	URIAL, CREMATION,					EMETERY OR CREMAT		3d LOCATION CITY OR TOWN	11.5	COUNTY	5	STATE
	Re	moval-Bu	rial	11/2/	84 \	Woodla	awn Cemet	ery	Claremo		Oklah		
	24 FL	INERAL DIRECTOR	Henr	'y W.	Jenkins	& So	ns Ce	PIPAJE PS	D. BY BEGISTRAR 2	WELLEN WAR			
	49	05 York F	Road	Balto	. , MD	21212	2	.012	1307				

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

Le Main Company de la Company vie enomi __AeU stontil . vcə . = . U in o dieni offelio. Offelion and the contract of the cont John T. Hailton Louis May Ting

Fer oval unit 11 Page 10 Common of 15 Page 19.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at etained by the hospital ar ottending physician.

completely filled in by the turning a redor page 3 i I_gond 2 should be I at a little 7.7 hours after death

TO FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

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ENI	ľ	0	F	H	EA	11	Н	AN	ID	MI	NT	AL.	HY

DEPARTM

26964

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	V
1. DECEASED NAME FIRST MILLIAM (TYPE OR PRINT)	HAMILTON	70 DATE OF DEATH MONTH DAY	84 10A
3 SEX P 1. RACE B	5. DATE OF BIRTH MONTH DAY YEAR 4 26 38	AGE (IN YEARS LAST BIRTHDAY) IF UNDI	R I YEAR IF UNDER 24 HR DAYS HOURS MIN
BACTO Md US	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DE	TY
(IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS) CHD. CANCER CENTER		KIND OF BUSINESS OUSTRY
USUAL RESIDENCE, IIF NURSING HOME OR OTHER INSTITUTION, OF 136. STATE	YEST NO ☐	136.STREET ADDRESS / ZIP CODE	DST
14 FATHER'S NAME FIRST MODULE MODUL	Is MOTHER'S MAIDEN NAM LEONNE	+ TOLSO	n
160 WAS DECEXSED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE !)	3163/1387 ANTOINET	TE SAUNDED	3 JACK
18. CAUSE OF DEATH (Enter only one couse per la PART 1. DEATH WAS CAUSED BY:	pulmonary embolism		APPROXIMATE IN RVAI BETWEEN ONSET AND DEA
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS COI	AS A CONSEQUENCE OF CAPCINGMA OF THE OVAL	NAL DISEASE OR CONDITION GIVEN IN	PART IIO
<u>U</u>	TION FOR WHICH OPERATION WAS PERFORMED		E FINDINGS USED CAUSES OF DEATH? NO
710. ACCIDENT WAS UNDERLYING 716. TIME OF	INTUINE THE HOW INTUINE OCCUPAN	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OF	A A A A A A A A A A A A A A A A A A A
ORCONIRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOTIFY WHILE (AT HOME, STREE	a. month day year a. 19		DUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, MOTIFY MEDICAL EXAMINER) 71d. IN JURY OCCURRED (AT MOME, STREE	A. MONTH DAY YEAR A. 19 DEFINJURY STREET Ter death. 19 DEGREE ATTENDING	city OR IOWN CC	OUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (If EITHER, MOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the, saw the deceosed give an above, (1) (we) (did/r/did not) view the Bo	A. MONTH DAY YEAR A. 19 PEINJURY STREET Proceeded from 19 Proceded from 19	city OR TOWN CO	ounty state that (I) (we)
OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) 71d. INJURY OCCURRED 71d. INJURY OCCURRED	A. MONTH DAY YEAR A. 19 PF INJURY GET. FACTORY, OFFICE FARM, ETC.) A 19 Provided to the state of the sta	city OR TOWN CO	ounty state tram the causes states

Endowell Birth Endown District Man THE THE PARTY OF T BUSINESS TO SEE TO SEE THE STATE OF THE SECTION OF

STATE OF MARTLAND	
EPARTMENT OF HEALTH AND MENTAL TYGIENE	
CERTIFICATE OF DEATH	

6

1-	FOR STATE REGISTRAR		EALTH AND MENTAL MYG ICATE OF DEATH	IENE REG. N	0.	
(TYPE	CEASED NAME FIRST OR PRINT! CHARLOT	TE E. HAMLIN G	IAMLINE)	10 2	MONTH DAY YEAR	2b. HOUR M IF UNDER 24 HRS.
FE.	MALE RTHPLACE (STATE OR FOREIGN 7)	I. RACE S. DATE OF THE STATE O	6 DAY 1895	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN.
ma	COUNTRY) R. HAND TY OR TOWN OF DEATH	MARRIEL MARRIEL MARRIEL MIDOWE NAME OF HOSPITAL, NURSING HOME OF		BALTIMI 120. USUAL OCCUPATI	ORF CIT	MD. F BUSINESS OR
B USUA 130 S	ALTIMORE AL RESIDENCE (IF NURSING HOME OR C TATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 132 CITY OR TOWN	AVENUE 13d. INSIDE CITY LIMITS?	HOME IN	F WORKING LIFE) INDUSTRY	
200	THER'S NAME	BALTIMURE LAST	YES NO 1	2343 E	ASTERN A	NE.21224
160 V	VAS DECEASED EVER IN U.S. ARM (ES, NO DR UNKNOWN) (IF YES, GIVE	RRIS AED FORCES? 166 SOCIAL SECURITY NO. WAR OR DATES)	WILHEL 17 INFORMANT THOMAS HA	MINA DORR	36 HOLLWOOD	J 2061
	PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c). BY: CAUSE (a)	ASCVD		0	WATE INTERVAL DISSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stafing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)				
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDIN	IGS USED
	710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	YES NO	YES THE PART 1 OR PART 7)	NO []
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	own COUNTY	STATE
	22a.1 certify that (I) (this haspite saw the deceased alive on above, (I) (verticity) (did not 22b. SIGNATURE	view the bady after death.	3-23, 1972 and that in (my) (O)(Xopinian o	death occurred on the d		
	224 PHYSICIAN'S NAME (TYPE OR	8 - 1 mmn	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STA	FF _	4-84
	Melito M. To:	<u> </u>	441 S. Ellwo	ood Ave.	Balto. Md. 21	224
230	OFIAL, CREMATION, REMOVAL	10/5/1984 WOOD	AUN	Bation	10RE OUNTY	MD STATE
為	YMOND L. KACK	orowski 2525 Fle	ETST. 250. DAT	TA 100A	256. REGISTRAR'S SIGNAT	URE -2 00

DHMH - 16 50M 4/82 (VRA 15, 4)

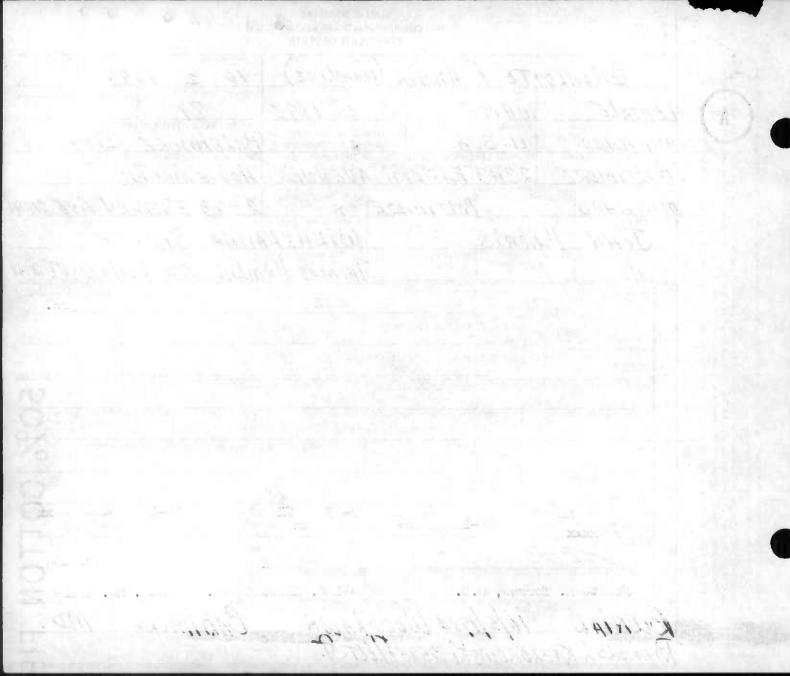
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonoopers. Pages 1 and 2 should be filled with the State Dept. of Health and Americal Property to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medic

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and

etained by the haspital or attending physician.



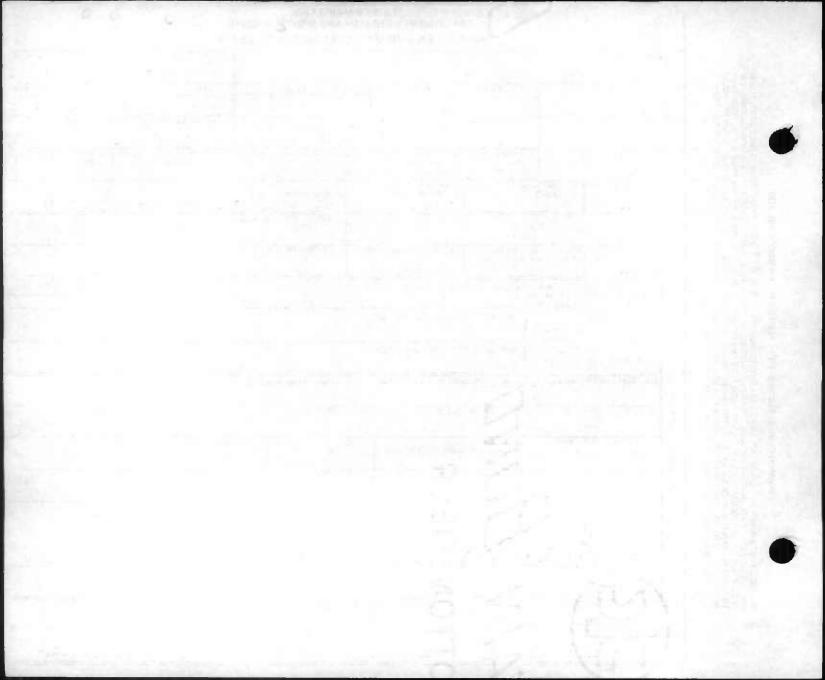
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DHMH - 17

(VR A15 ME (5)) 20M 4/82

	FOR STATE			DEPARTMENT OF	HEALTI	MARYLAND H AND MENT & H		269	6 6	
	REGISTRAR		ME	DICAL EXAMIN	NER'S	CERTIFICATE O	FDEATH	REG. NO.		
	CEASED NAM	NE FIRST	1	MIDDLE		LAST		ATE KNOWN MOI	NTH DAY	YEAR 26 HOL
{TYF	PE OR PRINT!	Obio				77		OF ESTI-	10 0 1	. 0.4
3. SE)		Otis	5. DATE OF BIRTH	IA AGE (INV	FARS I IF I II	Hamm NDER TYR, TIFUNDER				984 YEAR 2d HO
		. MACE	MONTH DAY	YEAR LAST BIRTH			MIN. PRON	IOUNCED		1:5
	ale	White	5 3		rrs.				10 10 1	984 p
7e. B	RTHPLACE (S	STATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	HED NEVER MARRI	ED 7. BA	LTIMORE CITY OR CO	UNTY OF DE	ATH
			U.S.			VED DIVORC	print	altimore Ci	tv.	A
10. C	ITY OR TOWN	OF DEATH		PITAL, NURSING HOM		HER INSTITUTION	T20. USUAL O	CCUPATION (TYPE OF WO	ORK 126 KIND	OF BUSINESS
p	21+imo		1	CILITY, GIVE STREET ADDRESS			FOR MOST OF	F WORKING LIFE)	OR II	NDUSTRY
	altimo			 Broadway VE RESIDENCE BEFORE ADMIS 	SIONI		L			
	TATE	136 COUNT		13c. CITY OR TOWN	3014	13d INSIDE CITY LIMITS?	13e STREET AL			
	Md.			Balto.		YES NO	233 S.	Broadway	22 :	21231
14. F/	ATHER'S NAM FIRST	Ē	MIDDLE	LAST		TS. MOTHER'S MAIDE FIRST	NAME	MIDDLE	tas	ST
		D EVER IN U.S. ARA		16b. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS		
{Y	ES, NO, OR UNKN	OWN) (IF YES, GIVE V	VAR OR DATES)	234-20-34	140					
				for (o), (b), and (c).)	140		,			OXIMATE INTERVAL
	gove r	ons, if ony, which ise to immediate o) stating the <u>under-use lost</u>	(b) DUE TO, OR	AS A CONSEQUENCE						
	PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TER	MINAL DISEAS	SE OR CONDITION GIVEN IN PAI	DY Y			
z	THE TOTTLE	TOTAL CONDITIONS	ONTRIBOTINO TO GENTIL	BOT HOT KEENTED TO THE TER	MINAL UISEA:	DE ON CONDITION GIVEN IN PAI	KI 1 (0).			
5	10 0 175 0	FOPERATION								
S	IVO DATE OF	FOPERATION	196. CONDI	TION FOR WHICH OPE	RATION	VAS PERFORMED?			20 AU	TOPSY?
1									YES	s 🗆 NO 🕽
MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS G OR ING CAUSE OF D		MONTH DAY YEA	R 2Tc. H	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 PART 1.0	OR PART 2)	
ğ	21d. INJURY	OCCURRED		OF INJURY (AT HOME,		CATION				
W	WHILE AT WORK	NOT WHILE C	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNTY	STATI
	and the second	,		cribed obove, held on	Autor				y opinion	
	death resul	ted from Noture	ol couses X.	Accident , S	uicide	, Homicide	Undetermine	ed monner,		
	ACTUAL SIGNATURE	MM	STA	de	, N	Assistan	It MEDICAL E	EXAMINER SI	ATE 10	0/11/84
1	EVA MINIERIO	A1A AAF	/							
	EXAMINER'S	INAME Ann A	1 Divon	MD		11	1 Donn	St Balto	MD	

23d. LOCATION STATE COUNTY 10/18/84 Removal 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Anatomy Board Balto., Md.



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campietely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

should be detached for use us and what of Hygiene prior to burial, cremation, or removen.

with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removen.

IMPORTANT; If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be partified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL OF GIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	CEASED NAME OR PRINT)	Mary	A	AIDDLE C	//	AST	20. DATE OF D	DEATH MON	1001	YEAR	2b. HOUR	
	3155	mary		C.	/lamma		Uct.	18,	1984			M
3. SE)	Female		4. RACE White		Nov.	23, DAY 1890 FAR	6. AGE (IN YEA	RS LAST BRIHDA	YRS.	DER I YEAR	HOURS A	MIN.
7a. BI	RTHPLACE (STATE OF		76. CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	BALTIMOR	-	none (EATH		MD.
10. CI	TY OR TOWN OF DE			H FACILITY, GIVE STREET	ADDRESS)	to.Md.	120 USUAL OC (TYPE OF WORK F	CCUPATION	121	L KIND O	F BUSINESS	OR
13a S	AL RESIDENCE (IF NU	136 COUN		GIVE RESIDENCE BEFOR 134. GITY OR TOW Battime	VN	13d. INCIDE CITY LIMITS?	13. STREET AT	DORESS / ZII	t.Bal	to.Ma	. 212	30
4 FA	THER'S NAME		MIDDLE	Relling	2	IS. MOTHER'S MAIDEN NA Annie	ME	WIDDIE		ampe		
	VAS DECEASED EVE		MED FORCES? E WAR OR DATES)	218-26-		Dolores Hamm	wnd,	Same of	rs Abov	re .		
NOI	Conditions, if on gove rise to in couse (a), statunderlying cause	y, which nmediate ing the se last	DUE TO, OI (b) 15 DUE TO, OI (c)	r as a consequ	JENCE OF	e Core have C) As cola			PART 10	J.	
FIFICAT	19a DATE OF OPER	ATION	. 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		IL IF YES, WEI I CERTIFYING YES []			
MEDICAL CERTIFICATION	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENIER NATU	IRE OF INJURY IN	IIEM 18 PART I C)R PART 2)		
MED	WHILE NOT NAT WORK	WHILE []	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR IOWN	C	OUNTY	STAT	E
	220.1 certify that (sow the dececabove, (I) (we) 22b. SIGNATURE	(did) (did no		after death.	, or	, 19	death occurred MEDICAL DIRECTOR	STAFF		Irom the		
	22d PHYSICIAN'S I		usatt	an		606 Hanno	was Lau	e B	alto, n			
23a. E	BURIAL, CREMATION		236. DATE Oct. 20			EMETERY OR CREMATORY	23d LOCAT			INTY.	STAT	E

Mc willy Funeral Home, 130 E. Fortt Ave. Balto. Md CT

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after etoined by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages I and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL PIGIENE, CERTIFICATE OF DEATH

ACE FOREIGN 7 FOWN OF DEATH FIND R FIDENCE (IF NURSING HOME OR OR 13b COUNT 15b COU	b. CITIZER OF WHAT COUNTRY? 1. NAME OF HOSPITAL, NURSING (FROT IN SUCH FACILITY, GIVE STREET A PROVINCIAN OF RESIDENCE BEFORE THE INSTITUTION GIVE RESIDENCE BEFORE THE COUNTRY OF THE CO	13d. INSIDE CITY LIMITS ? YES NO 15 MGTHER'S MAIDEN IT FIRST 17 NO. 17 INFORMANT 674349 JELLSAN ARRE NCE OF ABLE SE	PALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY BALTIMORE 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE 2 138 STREET ADDRESS NAME MIDDLE ADDRESS JOHNSON ADDRESS ADDRESS JOHNSON ADDRESS JOHNSON ADDRESS JOHNSON ADDRESS ADDRE	176 KIND OF BUSINES INDUSTRY LAST APPROXIMATE INTER	
ACE FOREIGN 7 FOWN OF DEATH FIND R FIDENCE (IF NURSING HOME OR OR 13b COUNT 15b COU	b. CITIZEN OF WHAT COUNTRY? 1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PROVIDE OF THE PROVIDE OF TH	MONTH BY YEAR 8 MARRIED NEVER MARRIED MIDOWED DINORCED OF MORCED OF MARRIED MORCED OF MARRIED MORCED OF MARRIED MORCES; 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NEIRST RITY NO. 17 INFORMANT 6 7 43 44 JENSON NCE OF A R R R NCE OF A BLE SE	P BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY BALTIMORE 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE P 136 STREET ADDRESS NAME MIDDLE ADDRESS ADDRESS JOHNSON ADDRESS ADDRESS ADDRESS ADDRESS JOHNSON ADDRESS JOHNSON ADDRESS ADD	OF DEATH 2 126 KIND OF BUSINES INDUSTRY LAST	
TOWN OF DEATH TIMORE IDENCE (# HURSING HOME OR OF OR OTHER OTHER OR OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER OTH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PROVIDE OF THE PROVIDE OF T	WIDOWED DNORCED GHOME OR OTHER INSTITUTION DDRESS) 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NEWS PRISTY NO. 17 INFORMANT 6 7 42 44 JENSON ARREST PRISTY NO. 17 INFORMANT 6 7 42 44 JENSON ARREST PRISTY NO. 17 INFORMANT 6 7 42 44 JENSON ARREST PRISTY NO. 17 INFORMANT 6 7 42 44 JENSON ARREST PRISTY NO. 17 INFORMANT 6 7 42 44 JENSON ARREST PRISTY PRIS	BALTIMOR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE P 130 STREET ADDRESS NAME MIDDLE ADDRESS ADDRESS JOHNSON STREET ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	126 KIND OF BUSINES INDUSTRY Line 2/3/	
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ECEASED EVER IN U.S. ARM ORUNKNOWN) (IF YES, GIVE AUSE OF DEATH (Enter only ART I. DEATH WAS CAUSED IMMEDIATE ditions, if any, which e rise to immediate is (a), stoting the	IDDLE LAST MED FORCES? I6b. SOCIAL SECUR One couse per line for (o), (b), and BY: CAUSE (a) DUE TO, OR AS A CONSEQUE!	13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN IN FIRST 16 7 42 44 JENERAL ARRE NCE OF ABLE SE	2803 B Reserved Parel ADDRESS ST ST	J 3/11/	
AUSE OF DEATH (Enter only ART I. DEATH WAS CAUSED IMMEDIATE ditions, if any, which er rise to immediate in (a), stating the	NED FORCES? NOR OR DATES) O one couse per line for (o), (b), ond BY: CAUSE (a) DUE TO, OR AS A CONSEQUE!	RITY NO. 17 INFORMANT 674344 JELSON IAC ARRE	Arrich ADDRESS PROPERSON	J 3/11/	
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IMMEDIATE ditions, if any, which e rise to immediate is ial, stating the	DUE TO, OR AS A CONSEQUE!	IAC ARRE		APPROXIMATE INTERV BETWEEN ONSET AND D	
ditions, if any, which e rise to immediate se (a), stating the	DUE TO, OR AS A CONSEQUED (b) PROB	ABLE SE	0515		
erlying couse lost 2 OTHER SIGNIFICANT CO		SORATION &	HypoTENSION		
ATE OF OPERATION	196 CONDITION FOR WHICH (200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
ACCIDENT WAS UNDERLYING DOTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR	YES NO YES		
NJURY OCCURRED E NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	RM, ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY ST.	
ow the deceased alive on	of attended the deceased from	, 19 , and that in (my) (our) opinion	on death occurred on the date and hour	9 4 that (1) (w	
1. JAylor		DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF	226. DATE SIGNED	
HYSICIAN'S NAME (TYPE OR	TAYLOR	22e. ADDRESS 2600	LIBERTY HEIGHT	S Ave.	
Jimmy		AME OF CEMETERY OF CREMATOR	234 LOCATION	and w	
ow the	e deceased ofive on (I) (we) (did) (did not) TURE TANLO	In the deceased alive on the body after death. IN THE TAYLOR TAYLOR TAYLOR TAYLOR TAYLOR TAYLOR	TAYIOR 19 84 and that in (my) (our) opini (h (we) (did) (did not) view the body after death. DEGREE MD. ATTENDING PHYSICIAN TAYIOR 226. ADDRESS 2600	TAYIBE STATE Condition Course Course Condition Course Course	

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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HEGIENE CEPTIEIC ATE OF DEATH

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REGISTRAR				CERTII	ICAIL OI D	LAIN	REG. NO).		
DECEASED NAME	FIRST	MI	IDOLE	1	AST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
DORO'	THY	R.		HARPI	ER		October 2	22,	1984	8:30Am
3_SEX		ACE		S. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	HUNGER I YEAR	IF UNDER 24 HRS
Female	1	White	9	MAY.	ig. PAY	1914	70	YRS		HOURS MIN
BIRTHPLACE (STATEO	R FOREIGN 76.	CITIZEN OF W	HAT COUN	TRY? 8.	D NEVER A	A DRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
Ohio		U.S.	Α.	WIDOWE		ORCED	Baltimor	re Ci	ty	MD
Baltimore	ATH 11.			IRSING HOME C			120 USUAL OCCUPATION HOME MAKET		INDUSTRY	ome
SUAL RESIDENCE (IF NU	Harfo	er institution o	Falls		13d. INSIDE C	ITY LIMITS?	130.SIPEE APPRISE	ZE CO	%119 Rd	1047
FATHER'S NAME						MAIDEN NAM		110		
FIRST	MIDE	B.	Mart		-	era ara	A.		Bradley	S1
Charles WAS DECEASED EVE				SECURITY NO.	17. INFORMA		ADDRE		Diadiey	
(YES NO OR THENOWN)	(IF YES, GIVE WA		879-1				. Tamberine	40	6 Whita	ker Mill
Conditions, if on gove rise to in couse 101, storunderlying counderlying Counderlyi	nmediate ring the se last.	DUE TO, OR (b) C DUE TO, OR (c) C	AS A CONSI CHRON AS A CONSI	NOMA OI EQUENCE OF EQUENCE OF TO DEATH BUT	RT FAI	LURE -	NAL DISEASE OR CONI	206. IF Y	ES, WERE FINDI	NGS USED S OF DEATH?
RI					Tax manifest		YES NO X		YES	ио 🗌
	CAUSE OF DEATH	216. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	71¢ HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 1:	8 PART I OR PART 2)	
G CONTRIBUTING L (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOTI- AT WORK	WHILE [7]	21e PLACE O		FICE FARM, ETC.)	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that	I) This hospital	attended the	deceased fr	om Octo	oer 18	, 19 84	o_Octobe		219 84	that (I (we) just
Sow the decompose, (I) (we) 226 SIGN TREE 226 PHYSICIAN'S I	ed plive on (did)(did)(did not) y	Octobe ew the body o	er 22 Atendeath	39_84_, 01	DEGREE	ATTENDING PHYSICIAN C	MEDICAL STAR DIRECTOR PHYSIC	FIAN []	22c. DAV	couses stated
23a BURIAL CREMATION		3b DATE	W.D.	23¢ NAME OF C			1236 LOCATION	110.	, MID Z	1201
(SPEC)FY)			1001			- TONI	CITY OR TOWN		COUNTY	STATE
Buria	1	10-25-	1984	St. Jo	onn's		Longree	n	Baltim	ore Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached far use as the buwith the State Dept of Health and Mr MPORTANT: If them 21 is marked at 1 TO FUNERAL DIRECTOR: After

Leonard J. Ruck, Inc.

5305 Harford Rd.

OCT 24 1984 Mila Maridam Randone

70 10 15 11 11 10 11 11 11 11 11 11 plicence full in a constraint and in a constraint of the const into a 20 Line the first transfer of the second seco contents at the state of the st Little real 28 to out of all all mediates to the con-re-UM 보고보기에 기계보고의 보고바다 등 100mm 1 THE RESERVE THE PROPERTY OF THE PARTY OF THE

20 DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-10-25-84 HARRIDAY LAURA DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 8:56P 10-25-84 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Lexington St. LAST Sener Southeast Creek Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [NO X 21c HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 10-26-84 MD Baltimore Burial 11/6/84 Mt. Zion Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

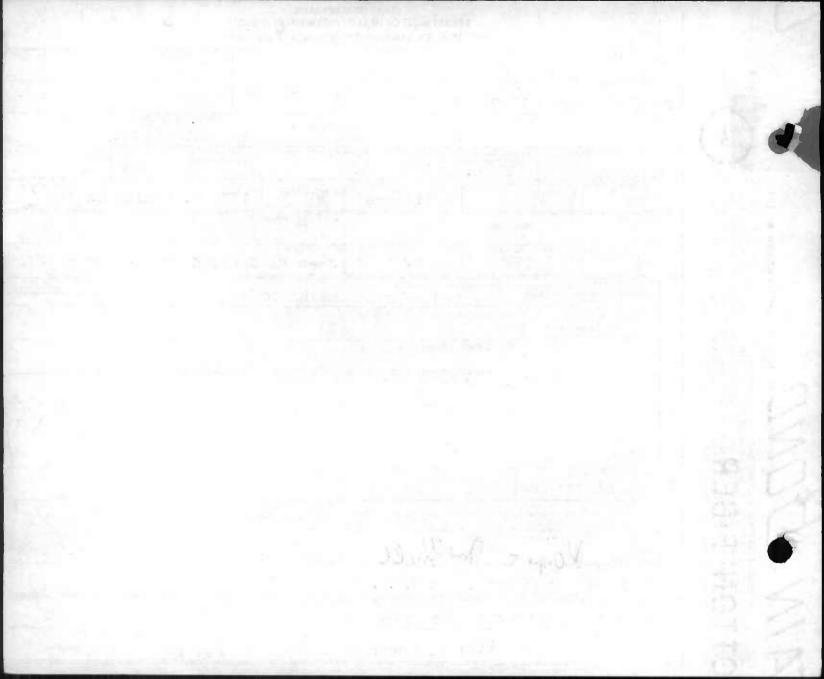
DHMH - 17

(VR A15 ME (5)) 20M 4/82

C. March F/H

1101 E. North Aye.

was Daydson- Gandalle



mpletely filled in by the funeral director and 2 should be filed within 72 hours of

injury, or other troumotic event, the

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbonpope with the Stote Dept-of Heolth and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

26971

	REGISTRAR			CERTII	ICATE OF	DEATH	REG	NO.			
	CEASED NAME FIRST	0	WIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR	
LIAB	MARGA:	RET L	ouise	HA	RRIS		OCTOBER	10,19	984	11:10A	
3. SE	X	4. RACE			OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
	Pemale	B	lack	MONT		1916	68	YRS	AUNIHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- M NEVER	MARRIED -	9 BALTIMORE CIT		OF DEATH		
N	faryland	U.	S. A.	WIDOW	ED C	ONORCED [BALTIMO			MD.	
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER IN	STITUTION	12a USUAL OCCUP			OF BUSINESS OR	
B	ALTIMORE	THE	JOHNS HO	PKIN	IS HOS	PITAL				Insulato	
13a	IAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION	136 CITY OR TOW	ADMISSION)	113d INSIDE	CITY LIMITS?	13e.STREET ADDRES	SS / ZIP CODE	1812 Ed	mondson	
M	Maryland		Baltimor	e	YES X	NO 🗌	Ave. Bal	timore.		1223	
14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER	S'S MAIDEN NA	ME	F	la:	ST	
	William		Blagmon	d		Lillian			Hei		
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORM	ANT	3717	Marmon	Avenue		
	No.	VE WAR OR DATES	216-05-8	784	Leonar	d Blagn				d 21207	
	18 CAUSE OF DEATH (Enter o	nly one cause pe	r line for (a), (b), one	d (c1.)	1					ONSET AND DEATH	
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	Curdi	800	ul n	A MALA	110 01	res	- 1	100	
	THE STATE OF THE S		DAS A CONICEOUS	Net of		0.00	- 1				
	Conditions, if ony, which (16) Stage III order Carrel IV										
	gove rise to immediate	gove rise to immediate									
	couse (a), stating the underlying couse lost.	underlying couse lost.									
		(c)									
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO L	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE OR C	ONDITION GIV	EN IN PART I	0	
CERTIFICATION	190 DATE OF OPERATION	19h CONE	OITION FOR WHICH	OPERATIO	N WAS DEDE	OPMED	20s AUTOPSY?	Tank IF YES	, WERE FINDI	NGSTISED	
5	11/012	170. COIVE	A	<	/ WASTERI	SAMED .		IN CERTIF	YING CAUSES	OF DEATH?	
- 1	210. ACCIDENT WAS UNDERLYING	7 216. TIME (O VAC	un	Tale HOW!	NJURY OCCUR	RED (ENTER NATURE OF	7	S 🗍	NO 🗌	
	OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH DA	YEAR		NJURT OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18 P	AKI I OR PARI Z)		
S	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19		1011					
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCAT		CITY O	IR TOWN	COUNTY	STATE	
	AT WORK AT WORK								CH	•	
	220.1 certify that (1) (this hosp	1 6	he deceased from _	all	18		7.10	110	19 8 7	that (I) (we) lost	
	sow the deceased alive of above, (I) (we) (did) (did n	ot) view the body	ofter death.	81.0	ind that in (m)	y) (our) opinion	death occurred on th	e date and hou	r and from the	couses stoted	
	22b. SIGNATURE	,	300	0	DEGREE			7.1.1	22c. DATE	SIGNED	
	1 /1	eeks	VYI			PHYSICIAN [MEDICAL S	STAFF YSICIAN (X	19	10/87	
	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)			22e. ADDRE	SS			0.0		
	Rita Me	eks	M)	1	11	Lionh	end	CH		
23a.	BURIAL, CREMATION, REMOVA	236. DATE	23c. N	NAME OF	CEMETERY OF	CREMATORY	23d. LOCATION		COUNTY		
2	(SPECHY) Burial	10/16	/1984 Ar	butus	Memo:	rial Par				laryland	
24	lutter & Sons	2501 G	wynns Fal	ls Pa	rkway		TE REC'D. BY REGISTE				
Fu	neral Home Inc.	Baltim	ore, Mary	land	21216	DC	T 1 7 1004	Julia 1	Tavidson-	Pandelle	
								-7-			

DHMH - 16 50M 4/83 (VRA 15, 4)

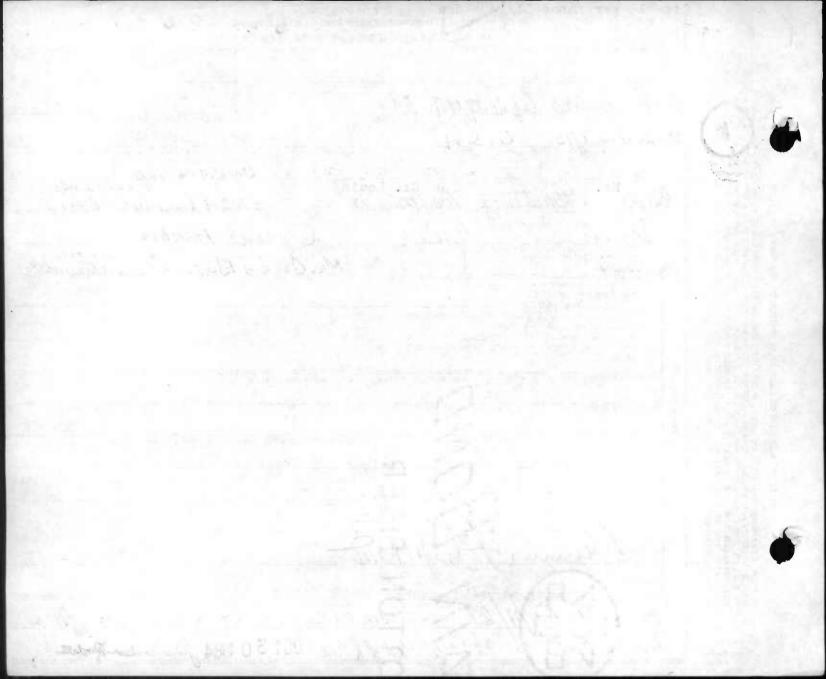
TO FUNERAL DIRECTOR.

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	Ba	26 1916	Spark Stack	Fomale
	1724 w. G. 24		.A .E .U	רב" בח
con con			Linear Standard	4.10
. 21223	ve. Beleimore, Ed.	A	an mis Lub	Maryland
noi!		n illi n	Plagmond	1002512V
	3711 Harren Ave o Helthore, Mar	Lecitare Elacuon	216-05-8784	No.
	testant.			
			De Reizia	
	A.			English Hall
			the second	
73/21 F			GARY L.	
			CHILL S	
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Charles of the	17 084	Ziele OUL	The Grynns Fells I	supplies and a series

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/			m 1) per phon	e 11/	•	E OF MARYLAND EALTH AND MENTAL	HYGIENE 2 6 9 1	2
1	-	1-	STATE REGISTRAR		MEDICAL EXAMINE		OF DEATH REG. NO.	
			CEASED NAME FIRST	-20	MIDDLE	LAST	20. DATE KNOWN XX MONTH OF ESTI-	DAY YEAR 25 HOUR
	4848E			inald		Harris	DEATH MATED 10	-29 to 84 M
	#DE-58	11	ale thears	S DATE	OF BIRTH LAST LAST LAST LAST LAST LAST LAST LAST	MONTHS DAYS HOURS	MIN PRONOUNCED	-29 19 84 6:03
4)		7a B	RTHPLACE ISTATE OR	7b. 4112	WIL 27 1957 33 YRS		9 BALTIMORE CITY OR COUNT	
-	Tag Ar	5	FLOURS MO	1	1.5.A	MARRIED NEVER MAR		MD
•	Was all and a second	10. C	TY OR TOWN OF DEATH	(IF NO	AE OF HOSPITAL, NURSING HOME,		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
	Bog Hay	В	altimore /	Mai	ryland State Peni		UNIFMPROYED	
1201	- 700 EN	13a 🗳	RESIDENCE IN NO	I	130 CAY OR TOWN	Couis de l'INSIDE CITY LIMITS?	13e STREET ADDRESS 9720	uis Ma 99999
D. 2	A2532	ju. F.	ATHER'S NAME	WVLL & F	COME INVOLUENCE	YES NO [DEN NAME	631-15
N. 9.	# S S S S S S S S S S S S S S S S S S S	1	Dryelle	MIDDLE	milles	Els	ria HARRIS	LAST
IWO	PAG SORA ON C	{Y		RMED FOR		NO. IT INFORMANT	DRIA BUTLER 5202	uia Mo
SALT	S AFI	4	VICARONN			MRS GRO	DRIA BUTLER 52021	A LIKLIANST
ST.	A 18. A 18. IG WIT.		PART I DEATH WAS CAUS	ED BY:	use per line for (o), (b), and (c).) (a) Hanging			BETWEEN ONSET AND DEATH
PRESTON	1 24 H V ITEM ALONG T PER/ YGIEN		IMMEDI	ATE CAUSE	JE TO, OR AS A CONSEQUENCE O	F		
0. 0.	D WITHIN 24 H PENCIL IN ITEM MINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL		Canditions, if any, whice gove rise to immediate		(b)	15.6-15-15-		
201 W.	XAMIN XAMIN XAMIN XAMIN MENT.		couse (o) stating the <u>unde</u> lying couse lost.	DI	JE TO, OR AS A CONSEQUENCE O	F		
	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN P SED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL. BEARTMENT OF HEALTH AND MEDICAL TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTION	(c) NG TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 (m.	
RECORDS,	MEDIN MEDIN ASA E SALTH	NO				AL STATE OF CONDITION GIVEN IN	1 481 (10)	
	SED A SED A AI, O	MEDICAL CERTIFICATION	19a DATE OF OPERATION	19	CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	7.0	20 AUTOPSY?
VII.	ORD ORD OF ORD OT ORD OF ORD OT	RTIF	21g EXTERNAL CAUSE WAS	21	b TIME OF INJURY	Ist. How billion occurs	RED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAI	YESXXX NO [
DIVISION OF VITAL	FICATE WITHE W	AL CE	UNDERLYING OR CONTRIBUTING CAUSE OF	H	HOUR A.M. MONTH DAY YEAR			(1 2)
ISIO	ERTIF ING 1 S SHC EPAR PRIO	EDIC	214 INILIPY OCCUPPED		IE PLACE OF INJURY (AT HOME,	subject hung		
Š	THIS CER. WRITIN WARDED PAGE 3 SI TATE DEP	¥	WHILE NOT WHILE	XX	STREE1, FACTORY, FARM, ETC.] Cell		St., Balto., Marylar	nd STATE
	111 - 10			ge of the re	emains described ahave, held an	AutopsyXX, Inspect	tion . Inquiry . and in my op	ninion
-1	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: , WITH THE !		death resulted from Not	urol couses	Acceptent , Suice	ide XXX . Homicide	· Undetermined monner ,	
0	E CERTIFO DUID B DUID B L. DIREC H, WITH		ACTUAL Men	nid	Africa 1	Assistan	DATE DATE	10-29-84
	DICA I SHC NERA NORE,		SIGNATURE	-				
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE FOR THE PREAL DIRECT ATER DEATH, WITH THE BALTIMORE, MARYLAI		(TYPE OR PRINT) Den	nis F	. Smyth, M.D.	ADDRESS_111 1	Penn St., Balto., Md.	21201
	EDSE49	Ja B	URIAL CREMATION, REMOVAL	THE DATE	1/04 Peller	ETERY OR STEMATORY	A COLD	mil
1990	BP	14. F	MERAL DIRECTOR	2/1	101 John	25n. DAT	E REC'D. BY REGISTRAN 13% REGISTRAN'S S	IGNATURE
111	V8/A15 ME (5))	2	freigh L To	ues	2222 W. no	sex are OCT	30 1984 Alia Davidson	-Pandette
	20M 4/82	-						



injury, ar other troumatic event, the

should be detached for use as the burial. Iransit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

ATTENDING PHYSICIAN:

TO HOSPITAL OR

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

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	1-	STATE REGISTRAR			DEPART		ICATE OF D	EATH	ritives	REG, NO			,	
1		EASED NAME	FIRST	۸	AIDDLE	i.	AST		20. DATE O	F DEATH A	HTMON	DAY YEAR	26. H	OUR
	(TYPE	OR PRINT)	Homs	()	H	ires	SR		10	2	4 34	12	004M
١	3. SEX			RACE		5. DATE C	F BIRTH	311	6. AGE (IN	YEARS LAST BIRTH	DAY)	IF UNDER I YEA		DER 24 HRS
١		M		и		MONTH	9/8/2	7 YEAR	5	7	YRS	MONTHS DATE	HOUR	S MIN.
		THPLACE (STATE OR OUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER A	AARRIED -	9. BALTIMO	BALT	COUNTY	C 17	4	MD.
1	10. CI1	BALT	ATH 1		OSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME C	- United			OCCUPATION FOR MOST OF				INESS OR
	USUA 13a. S		13b. COUNT		130. CITY OR TOW	/N	13d. INSIDE C		13R. STREET	ADDRESS N	Ro	BINS	103	
	14 FA	THER'S NAME	4 - 4	DDLE	LAST		15. MOTHER'S	MAIDENNA	ME	110011			AST	
		HARR	7	HA	RRIS			DELL	A	J	ONE	Es	451	
		AS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECU	JRITY NO.	17. INFORMA	.NT	47.	ADDRES	5		a R.c	2
		1 = 5	mu	4	2202	0041		HOMA	SHA	RRIS	JR		XIMATEIN	
		PART I. DEATH W	VAS CAUSED	BY:	ne for (o), (b), on	du.	lurs	CINCA	500			BETWEE	ONSET	AND DEATH
			IMMEDIATE		, 240 1.41	-		CATACE	,,	-				
		Conditions, if any	which	((b)_	R AS A CONSEOU	ENCE OF						300		
		gove rise to imi	mediate ng the		R AS A CONSEQU	ENCE OF							4	
	13	underlying cause	last	(c)										
	NO	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEA	SE OR COND	ITION GIV	VEN IN PART	10	
9	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?		S, WERE FINE		
	TIFIC								YES 🗌	NO		ES 🗍		
,		218. ACCIDENT WAS UN		HOUR A.		AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER N	ATURE OF INJUR	IN ITEM 18	PART I OR PART 2		
	CAL	(IF EITHER, NOTIFY MED		Ρ.	M.	19								
	MEDICAL	21d. INJURY OCCUR		21e. PLACE (OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATIO	N		CITY OR TOW	/N	COUNTY		STATE
		AT WORK NOT W	ORK			, ,		/				8.7		19.60
		22a. certify that (1)		- 1.	e deceased from_	34/		_, 19_84	, to	(0/2	Y			l) (we) lost
		obove, (1) (we) (did) (did not)		after death.	,		(our) opinion	deoth occurr	ed on the da	te and not			
-		226. SIGNATURE	ed-oel	门末	Ken			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		126. DA	/24	1/84
Ť		224. PHYSICIAN'S N	AME (TYPE OR	PRINT			220. ADDRES	S ,	,	•			11	
7		Micha	ELJ	(SAE)	n mo		Mo	RCY H	SPITA	CB.	LTO	Mol	2	,202

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR:

236. DATE

10/27/84

230. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

ADDRESS. 300 MACE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
BAL LTO. 250 DATE REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE 2000

COUNTY

STATE

The state of the s SALT CHERCE HESE MARKET TO STAND CHARACTER MILES OF SAID TO MENT SON TOTAL STATE OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the haspital ar ottending physician.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and consistent be detached for use as the burial-transit permit. Then please remove corban papers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical

within 24 haurs after death. Page 4 may be

and completely filled in by the funeral ages found 2 shauld be filed within 72

STATE OF MARYLAND

JOSEPH L. RUSS 22225 NORTH ALEX

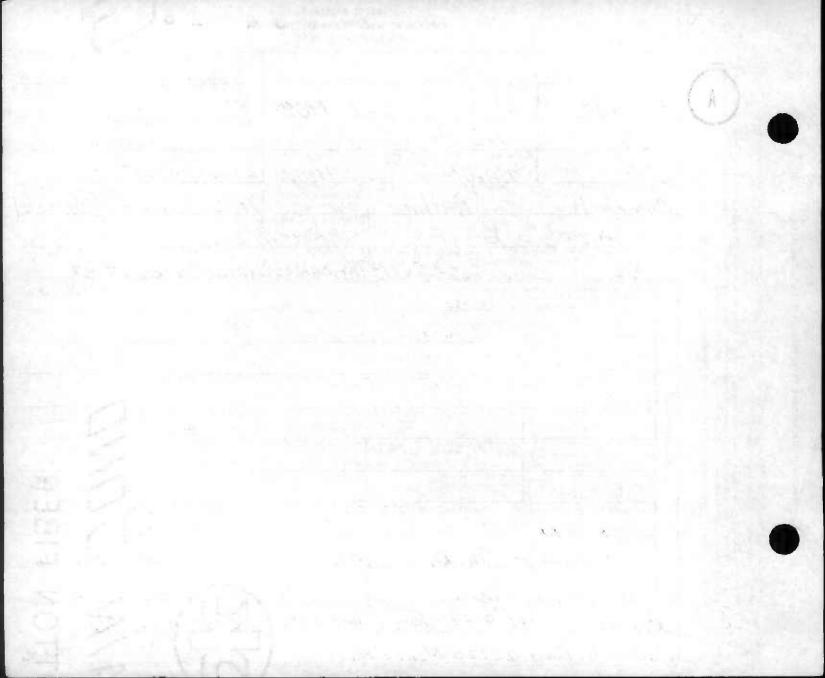
DEPARTMENT OF HEALTH AND MENTAL PYGIENE
CERTIFICATE OF DEATH

2	6	9	7	del

Julia Tavidson-Randall

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	i i	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
Virgi	min		Harris	0-4-1	~	0.4	7 05 B
	I. RACE	5. DATE O		6 AGE TIN YEARS LAST BIR	THDAY)	F UNDER I YEAR	IF UNDER 24 HRS
Female,	Col. +	MONTH 6-	1-1902	82		ONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 7	b. CITED OF WHAT COUN	MARRIE	. /	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
10 CITY OR TOWN OF DEATH	M. NAME OF HOSPITAL, NU	WIDOWE		12 1151144 0 5 5115 4 7			City MD.
Baltimore	US NOT IN SUCH FACILITY, GIVES		n. 1+050.	12a. USUAL OCCUPAT			BUSINESS OR
TATE	OTHER INSTITUTION, GIVE RESIDENCE I	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	4:1/A:	PT 130/
Ames"	HODLE Berry	1	15. MOTHER'S MAIDEN NA	ME MIDDLE		5 LAST	
160 WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	SS	- /	1730
	WAR OR DATES) 2/2-2	2-1973	mr.ZANIES(24 press 71	Kossi	uth 5	1
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		or, and (cr.)		01		APPROXIM BETWEEN OF	NSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSI	iple Mye		ninal disease or con	DITION GIVE	N IN PART 1(o	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING	
				YES NO XX	YES	ING CAUSES C	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18 PAI	IT I ORPART 2)	
21d INJURY OCCURRED WHILE NOT WHILE I	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (IX(this haspite sow the deceased alive on above, (I)(we) (did) (did did)	ol) ottended the deceosed from	om <u>Octobe</u>	er 5 , 19 <u>84</u> and that in (My) (our) opinion o	ta Octobe:			not K(we) lost ouses stated
22b. SIGNATURE)		DEGREE		40010	22t. DATE S	IGNED
MShout	at M. D.		MB & ATTENDING PHYSICIAN	MEDICAL STAI		10 - 7	. 84
22d PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS				
Maimoona Shar	ukatM.D.		C/O N	Maryland Ger	oral I	Joeni + -	7
230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	MORI	COUNTY	STATE
24 513 524 515 525	- 10.		12.79	1 VIII IV	- Cock	10	

DHMH - 16 50M 4/83 (VRA 15, 4)



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

retained by the haspital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SYGIENS CERTIFICATE OF DEATH

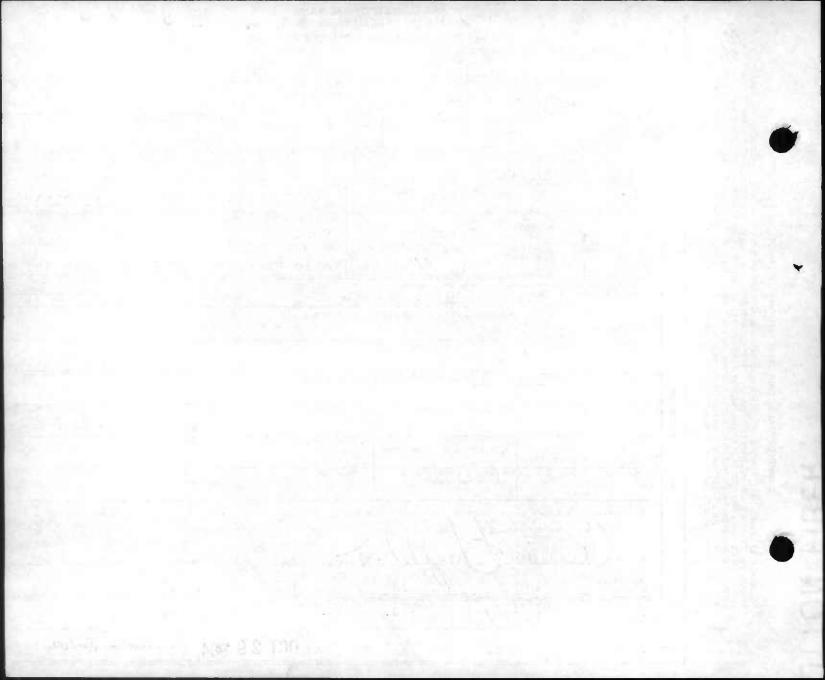
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-	0	9	4	-

	REGISTRAR		CEKIII	ICATE OF D	EAIN	REG. N	0.		
	DECEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
_	Inez			HARRISO.	N	OCTOBER		1984	6:30A
	SEX	4 RACE	MONT		YE AR	6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MIN
	TEMALE	BLACK	8	15	22	62	YRS	TV OF DEATH	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER M	ARRIED -	9 BALTIMORE CITY C	R COUN	TY OF DEATH	
	CITY OR TOWN OF DEATH	U.S.A.	WIDOW		ORCED	Raltimor			OF BUSINESS C
0	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE 5519 Stoneing			ITOTION	(TYPE OF WORK FOR MOST C			OF BUSINESS C
A 130	SUAL RESIDENCE (IF NURSING HOME OF 136 COL	PROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 13c, CITY OR TO BAT,RTM	WN	ORF YES NO		130 STREET ADDRESS / ZIP CODE 2/2/ 1201 Druid Hill Avenue			217
O HL	FATHER'S NAME THOMAS	MIDDLE LAST	LER	15 MOTHER'S		MIDDLE CRAMPTON			
16a W	WAS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES)	CURITY NO.	17. INFORMAL	NI	Annapol PSR R 142 Geros			403
CERTIFICATION		DUE TO, OR AS A CONSEQUE (c) Atheros	CLETOS DEATH BUT S CEL	ic vasc Notrelated L carcin	rular d TO THE TERM NOTA OF		DITION G	GIVEN IN PART II	o NGS USED
RTIFIC	21g, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		In Howard	ILIBY OCCUP	YES NOTE		TIFYING CAUSES	NO [
MEDICAL CE		EATH HOUR A.M. MONTH [ER) P.M.	DAY YEAR 19			KED (ENTER NATURE OF INJU	8 PART I OR PART 2)		
MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATIO STREET	N	CITY OR TO	NWN	COUNTY	STATE
	saw the deceased alive a	oital) attended the deceased from n September 21,19. Solview the body after death.	Septe 84	DEGREE A	(our) opinion	to <u>Septer</u> death occurred an the d MEDICAL STA DIRECTOR PHYSK	ote and h	216 84, our and from the	
1	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS	S	nd General 1		tal	
	Bruce Shames BURIAL, CREMATION, REMOVA URIAL	L 23b DATE 23c		EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
24	FUNERAL DIRECTOR	mapolis, Ma. 2: SONS MORTUARY, F	1401	n Mem.		Annapolis E REC'D. BY REGISTRAN 2 4 1984			yland

DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND



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STATE OF MARYLAND

FOR STATE REGISTRAR		ALTH AND MENTAL (T)G	IENES REG. NO.		
I DECEASED NAME FIRST	nest has	Kins		ONTH DAY YEAR 10 Z8 84	12:45 pm
3. SEX Male	Black S. DATE OF MONTH NO.	BIRTH IN 10 1900	6. AGE (IN YEARS LAST BIRTH	YRS DAYS	IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	16 CITIZEN OF WHAT COUNTRY? A MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore CITY OR		У мо.
10 CITY OR TOWN OF DEATH Baltimer	11. NAME OF HOSPITAL, NURSING HOME OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
Md. 136. COU	Balto.	3d. INSIDE CITY LIMITS? YES NO 🗌		zıp code geview Rd	21225
Mack O	MDDLE LAST	s. Mother's Maiden Nai First Nannie	Haski		st
160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 11 IVE WAR OR DATES) 218-42-1657	Cora Hask	ins 506 Br	idgeview 1	DA IMATE INTERVAL ONSEL AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	err and	wells	with	
	CONDITIONS CONTRIBUTING TO DEATH BUT NO		20a AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMINE ALWORK ALWORK	EATH HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURI 211 LOCATION STREET	YES NO		NO
22a.l certify that (I) (this hase saw the decayand glive a	at) view the bady after death.	that in (my) Gur opinion	4, to 10 death occurred on the dot		
22d PHYSICIAN'S NAME CIVE	wender Hol	ALL ATTENDING	MEDICAL STAFF DIRECTOR PHYSICI	101	28174
GRMAN	00 HOOL	30015, 4	Hanour S	+ . Salter	me MID

231 NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After this shauld be detached for use as with the State Dept. of Health

24 FUNERAL DIRECTOR A. Rice FSPA 1300 Eutaw Place (VRA 15, 4)

236. DATE

11-3-84

23a. BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION
CITY OF TOWN
Pk. Laurel

STATE P.G.

Md. National Mem. NOV 5 984 PARECULAR DAMES NOVE SIGNATURE DE LA DAMESTA DEL DAMESTA DEL DAMESTA DE LA DAMESTA DE LA DAMESTA DE LA DAMESTA DEL DAMESTA DE LA DAMESTA DEL DAMESTA DE LA DAMESTA DEL DAMESTA DEL DAMESTA DE LA DAMESTA DE LA DAMESTA DEL DAMESTA DE LA DAMESTA DEL DAMESTA DAMESTA DEL DAMESTA D

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MPORTANT: If Item 21 is marked ar Item 18 shaws any

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 4 тоу be executed within 24 hours ofter requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA DIYGIENE

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	FOR - STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTACTY CERTIFICATE OF DEATH	REG. NO	o.
[TYP	ECEASED NAME FIRST PE OR PRINT)	ALINE	HAM hie Haughie)	0 16 84 35
3. SE	EMALE	(Aucasi Am	5. DATE OF BIRTH MONTH DAY YEAR 12 17 42	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		none City
3 6	SALIMAC	UF NOT IN SUCH FACILITY GIVE STREET A		170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HOUSE W. F.	WORKING LIFE) INDUSTRY
5 130	Mary and BA	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOWN AMOUNT BALLOW	N 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /	
	JOHN	MIDDLE BREWE	15. MOTHER'S MAIDEN NA MYRT	MIDDIE	Potter
	WAS DECEASED EVER IN U.S. A {YES, NO OR UNKNOWN} {IF YES, O	ARMED FORCES? 166 SOCIAL SECUI GIVE WAR ORDATES) 212-43	17. INFORMANT 0-8137 Robert H	aughic Si	me As #13
	PART I. DEATH WAS CAUS	only one couse per line for (0), (b), one SED BY: ATE CAUSE (0)	0 1 1	01	APPROXIMATE INTER BETWEEN ONSET AND
	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 110
ICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
AL CERTIFICATION	190. DATE OF OPERATION 10/6 4 4 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION FOR WHICH CAROMORY TO ARTHUR OF INJURY HOUR A.M. MONTH DA	ARTERY Disease AY YEAR 1216 HOW INJURY OCCUP	YES NO	106. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION 10/6 4 4 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH CAROMORY TO ARTHUR OF INJURY HOUR A.M. MONTH DA	PRECE DISCOR AY YEAR 19 711 LOCATION	YES NO	106. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO (
EDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDIC ALEXAMIN 21d. INJURY OCCURRED WHILE NOTH WHILE AT WORK 27a. I certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	PRECE PISCOR AY YEAR 19 211 LOCATION STREET Ond that in (my) (our) opinion	YES NO STATE NATURE OF INJUR	TOOL IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEATYES NO (VIN 11EM 18, PART 1 OR PART 2) VIN 11EM 18, PART 1 OR PART 2) VIN 11EM 18, PART 1 OR PART 2) The condition of the couses steeped to the couse steeped to the couses steeped to the couse steeped to the couses steeped to the couses steeped to the couse steeped to the couses steeped to the couse steeped to the couses steeped to the couse steeped to
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EDICAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did of 275. SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FA point) oftended the deceased from not) view the body ofter death.	AT YEAR 19 216 HOW INJURY OCCUR 19 216 LOCATION STREET DEGREE ATTENDING	YES NO SARED LENIER NATURE OF INJUR CITY OR TOV deoth occurred on the do	206. IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEAT YES NO (YIN JIEM 18, PART 1 OR PART 2) VIN COUNTY S 210. DAJE SIGNED F A COUNTY S 220. DAJE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

STATE OF MARYLAND

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	CEASED NAME FIRST	11 4 7	MIDDLE	L.	AS1	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR	
[TYP	E OR PRINT)	Pohi	nson z							
3 SE	CARO	14. RACE	risori F	AWKTI 5. DATE C		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	11 - 15 p	
0 50			1-	MONTH	DAY YEAR	92.0		MONTHS DAYS	HOURS MIN.	
2 0	Female		ack	July	10, 1929	55	YRS	TV OF BEATH		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	Baltimore City Baltimore City		TY OF DEATH		
	aryland		. A.	WIDOWE					M	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING TH FACILITY, GIVE STREET A	ING HOME OR OTHER INSTITUTION ET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		LIFE) INDUSTRY		
	Baltimore	DIE MARYLAND GENERAL HE EE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 136 COUNTY 136, CITY OR TOWN		Hos	pital	School Teacher		Publi	Public School	
USU 130						13e.STREET ADDRESS / ZIP CODE		DE 342 B1		
Maryland		Baltimor			YES NO	Baltimore, Md.		21217	21217 Apt. 3	
14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA					IAST	
	Alonzo	WIDDIE	Robinson		Alice	Loui			ncer	
16a '	WAS DECEASED EVER IN U.S. /	ARMED FORCES?	166 SOCIAL SECUI		17. INFORMANT			Pocene	De	
30	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	212-26-0	552	Jacqueline H.			2215 Rogene Dr. Baltimore, Md.		
					Dacdaeline H	MILITAME	Dale	APPRO	CIMATE INTERVAL ONSET AND DEATH	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY:						BETWEEN	ONSET AND DEATH	
	IMMEDI	ATE CAUSE (0)	Hepato-Re	nal I	Fallure			man	y years	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE Terminal R AS A CONSEQUE	NCE OF Cirrh						
NO	gave rise to immediate cause (a), stating the	DUE TO, O (c)	R AS A CONSEQUE Terminal R AS A CONSEQUE	NCE OF Cirrh NCE OF	nosis	NNAL DISEASE OR C	ONDITION	GIVEN IN PART I	01	
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O (b) DUE TO, O (c) T CONDITIONS CO	R AS A CONSEQUE TERMINAL R AS A CONSEQUE ONTRIBUTING TO D	NCE OF Cirr NCE OF DEATH BUT	nosis	200 AUTOPSY?	20b. IF Y	GIVEN IN PART 1 VES, WERE FIND TIFYING CAUSE YES	NGS USED	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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Pale Locure Dr.

142 HOOR Street

Lorinson Alive Louise Sunchr

212-26-0552 Jacqueline M. Williams Baltimore, Md. 21209

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Muchar & Sons 2501 Saymns 241ks Bardowy Fongrel Mose Iss. Belistore, Maryland 21216

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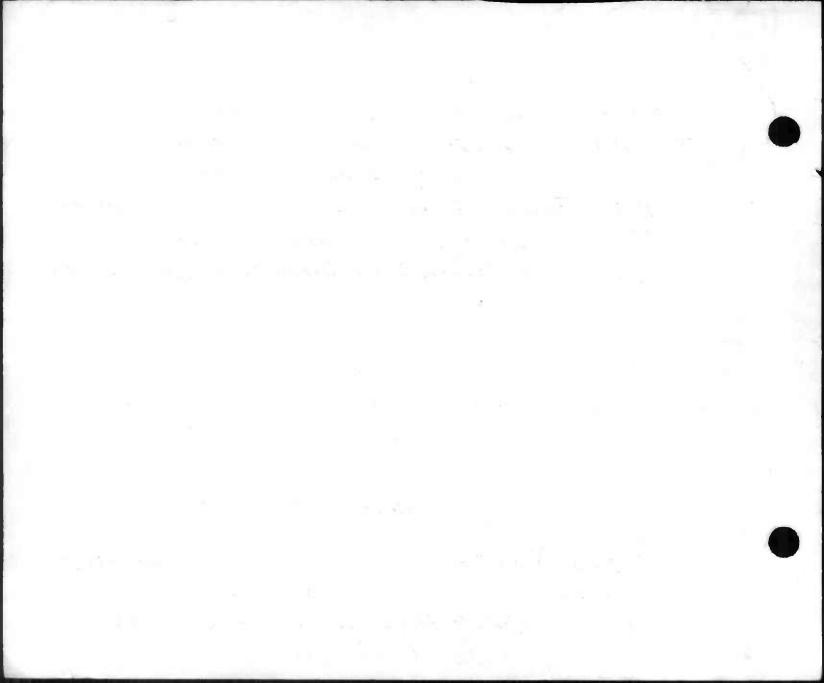
retained by the hospital or attending physician

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	1 DECEASED NAM	E FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
- 1	(TOPE ON PRINT)	FLORENCE	E.	HAYM	IAN	14/3	1/894		Spr
_	3. SEX	4 RAC	01/	5. DATE C		6 AGE (IN YEARS LAST BI	RIHDAY) IF UND		FUNDER 24
	7-cm	416	STALK	フーく	1-1913	//	YRS.		
8	I HRTHPLACE COUNTRY)	STATE OR FOREIGN 76 CITT	IZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
1	1 /	19	1.704.	WIDOWE	DIVORCED [BALTIMOR			
14	BALTIM	(IF	AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STRE UNION MEMOR	PEET ADDRESS)		170 USUAL OCCUPAT		L KIND OF I	BUSINES
36	USUAL RESIDENCE	DE NURSE AND TO SECURITY	IN CITY OF TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 2	182	-2
90	7 TATHER NAM	menue	215taph	er	505/K	AME MIDDLE	teor	IAST	
2	INES, NO OF UNKN	D EVER IN U.S. ARMED FO		1-733	17. INFORMANT 2 Sach	Hall, 7	1425-4.	in,	my
Y	I CAUSE C	F DEATH (Enter only one of	couse per line for (o), (b),	ond (c)		1	L	APINOXIMA BETWEEN ON	SET AND DE
ven v	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAU	SE (0) heart	Rist	ne				
a più			JE TO, OR AS A CONSEC	DUENCE OF					
3	Conditions,	if ony, which	(b) LL CONSEC	4					
er fro	gave rise	to immediate	JE TO, OR AS A CONSEC						
othe	underlying		7 0	nesa	ture posi	0			
y, o	PART 2 OTE	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING T	O DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	ADITION GIVEN IN	PART Ita	
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10/	HE DIATE OF	ONEATION IN	CONDITION FOR WHIC		N WAS PERFORMED	1 Me AUTOPSYT	206. IF YES, WEF		
0/	21a, ACCIDENT	16/84	29 yours	calls	a Cervix	NO NO P	YES [NO [
1	OR CONTRACTO	WAS UNDERLYING 21	L TIME OF INJURY	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM IS PART I O	JR PART 2)	
17	5 (IF EITHER NO	TIFY MEDICAL EXAMINER)	P.M.	19					
6/	(IF EITHER NO.	(A	e PLACE OF INJURY THOME STREET FACTORY, OFFIC	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN C	OUNTY	SIA
orke	AI WORK	NOT WHILE AT WORK		NA 1	OY.	10/2	+	24_	
E .		that (I) (this hospital) att	ended the deceosed from	3111	7	10 10/5	19 🕻		of (I) (we
121	sow the	deceased alive on I) (we) (did) (did not view	the body ofter death.	04,01	nd that in (my) (our) opinion	1 deoth occurred on the c	late and hour ond	from the co	uses state
the He	22h GIGNAT	Inte.	()	/	DEGREE			22c DATE SH	GNED
	\sim	Jx M	- Ch	-	ATTENDING PHYSICIAN	MEDICAL STA		10/31	181
MPORTANT	22d. PRYSICI	AN'S NAME (TYPE OF PRINT)			22e ADDRESS		***	7	
POR	DR	. R. MEDDERS			UNION MEM	ORIAL HOSPI	TAL		
₹	23a. BURIAL, CREA			3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		e.1	
_	(SPECIFY)	Noi2/ //	14/84 1	famer.	Hill Con.	FORTOWN	12	7.	51A
4/83	24. FUNERAL DIREC		11	1/2 -		TE REC'D. BY REGISTRAL			
7 00	("6-	1 MLT	ADOUT	17-719	12-1- WEV N	INV 5 1004	Julia Da	vidson-1	Rande



requires that the death certificate be

TTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely tillied in by the should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages fond 2 thaulid be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If hem 21 is morked or item 18 shows ony injury, or other troumotic event, the medical axid

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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п	REGISTRAR		CERTIFICATE OF DEATH REG. NO.					
ł	1. DECEASED NAME FIRST	WIDDIE	Į.	AST		ONTH DAY	YEAR	2b. HOUR
1	(TYPE OR PRINT) SERENA	NMN	HAY	NESWORTH	10/	10/84		12:05pm
ł	SEX 4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNDE	ERIYEAR	IF UNDER 24 HRS
I	Female Black		nonth DAY YEAR 19 22		62	YRS	DAYS	HOURS MIN.
78	10 BIRTHPLACE (STATE OR FOREIGN S. Carolina	COUNTRY		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			
- 8	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWE		120 USUAL OCCUPATION 12b KIND OF BUSINESS			MD.
	BALTIMORE CITY	T ADDRESS	NOTIFE INSTITUTION	(TYPEOF WORK FOR MOSI OF WORKING LIFE) INDUSTRY				
	SUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN md.	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / 2 2528 Holli		y 2:	1230
		MIDDLE LAST		15. MOTHER'S MAIDEN NA/ FIRST	ME		LAST	
1	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR		URITY NO.					
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			Rubin Patrick 2528 Hollins Ferry Rd.				
		(b) ROBAB DUE TO, OR AS A CONSEQU	DUE TO, OR S A CONSEQUENCE OF (b) ROBABLE MYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF (c) A THEROS CLEROS S OITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			YEARS		
1	NO DATE OF OPERATION 110 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
	OR CONTRIBUTING CAUSE OF DEA	EATH HOUR A.M. MONTH DAY YEAR : ER) P.M. 19						
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TOWN COUNTY STATE			
	220.1 certify that (1) (this hospital) attended the deceased from							
	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY							
	JAME:	S E. TAYLOR	2	5- n	ONES HE	SPIT	MC	
	230 BURIAL, CREMATION, REMOVAL Burial			emetery or crematory lvary Cem.	23d. LOCATION CITY OF TOWN Brooklyn	COUN		STATE

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

Chas. A. Rice FSPA 1300 Eutaw Pl.

OCT 15 1984 Julia Davidson Rendelle

The forest and property of the second CHEST L DESTROYER THE STREET The Constitution of the Co